《学生床垫》征求意见反馈表

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| 提意见单位和（或）专家 | | 专家姓名 |  | | 职务/职称 | |  |
| 单位名称 |  | | | | |
| 通讯地址 |  | | | | |
| 联系电话 |  | | E-mail | |  |
| 标准意见反馈 | | | | | | | |
| 序号 | 章条号 | | | 修改建议 | | 理由及依据 | |
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| 单位盖章或个人签字  年 月 日 | | | | | | | |

**注：**表格篇幅不够可另加页；若意见提出人为单位，需加盖单位公章。

如果贵单位和专家对征求意见稿没有修改意见，也请填写单位和个人信息，在意见栏填写“无意见”并反馈。