附件3

省级联系人信息表

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| **省（区、市）**  **或新疆生产建设兵团** | |  | | | |
| **负责部门名称** | |  | | | |
| **通讯地址** | | （邮编： ） | | | |
| **联系人姓名** | **所在单位/**  **处室** | **职务** | **传真** | **办公电话及**  **手机号码** | **邮箱** |
|  |  |  |  |  |  |