附件2

**第九届全国残疾人艺术汇演节目登记表**

推荐单位（盖章）：

节目名称： 节目类别：

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| 表演者 | | | | | | |
| 姓名 | 性别 | | 出生年月 | 残疾类别 | | 单位 |
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| 创作（改编）者 | | | | | | |
| 姓名 | | 方式（标明创作还是改编） | | | 单位 | |
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| 辅导者 | | | | | | |
| 姓名 | | 单位 | | | 职务 | |
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| 内容梗概或曲目简介（戏曲类节目填写） | | | | | | |
| （戏曲类节目需说明具体类别） | | | | | | |

注：每个参演节目填写一份此表，可复印。