**附件2:**

**新疆第五届残疾人艺术汇演报名总表**

推荐单位：

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **编号** | **节目名称** | | **参演**  **类别** | **表演者人数** | **创作或**  **改编** | **编创**  **时间** | **备注** |
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| 推  荐  单  位 | 联系人 |  | | | 单位  盖章 | | |
| 电话 |  | | |
| 传真 |  | | |
| 邮编 |  | | |
| 地址 |  | | |
| 负责人 |  | | |