**国家标准起草项目“居家养老上门服务规范”**

**征求意见表**

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| 专家信息 | 单位名称 |  | | | |
| 专家姓名 |  | | | |
| 通讯地址 |  | | | |
| 联系电话 |  | | 手机 |  |
| E-mail |  | | | |
| □无意见 　□有意见，见下表 | | | | | |
| **序号** | **标准章、条编号** | | **修改意见及理由** | | |
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