附件1

**第九届全国残疾人艺术汇演报名总表**

推荐单位：

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| 编号 | 节目名称 | 参演类别 | 表演者人数 | 创作或改编 | 节目时长 | 备注 |
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| 推荐单位 | 联系人 |  | 单 位 盖 章 |
| 电话（含手机） |  |
| 传真 |  |
| 电子邮箱 |  |
| 地址（含邮编） |  |