附表9

**浙江省自动化学会**

**《 》 团体标准**

**征求意见回函表**

填报日期： 年 月 日 共 页 第 页

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| 单位名称或专家姓名 | |  | | 联系人 |  | |
| 联系电话、E-mail |  | |
| 序号 | 章条编号 | 意见内容 | | | 理由和依据 | 备注 |
| 原文为 | 建议修改为 | |
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注：如篇幅不够，可另附页。