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| **附件1**  **自治州“安全生产月”活动联络员反馈表** | | | | | | | |
|  |
| **姓 名** |  | **性别** |  | **职务** |  |  |  |
| **办公电话** |  | **手机** |  | **传真** |  |  |  |
| **电子邮箱** |  | | | | |  |  |
| **单位名称** |  | | | | |  |  |
| **通信地址** |  | | | | |  |  |

**注：请于5月25日前将此表传真至0908-4230460 ，0908-4222631。**