附件2

汕尾市突发事件应急管理专家推荐汇总表

推荐单位：（盖章） 年 月 日

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| 姓名 | 工作单位 | 职务 | 职称 | 发证日期 | 从事专业 | 工作电话 | 住宅电话 | 移动电话 | 电子邮箱 |
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