**附件2 第一届天然药物新媒体微视频大赛竞赛报名汇总表**

**单位名称（加盖公章）： 联系人： 联系电话：**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **参赛作品名称** | **参赛组别****（专业组/科普组）** | **联系人** | **电子邮箱** | **手机** | **参赛人员** | **指导教师** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |