附件2

**卫生健康统计工作高质量发展揭榜单位报名表**

填报（汇总）单位（盖章）：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **序号** | **单位名称** | **协作攻关单位** | **申报揭榜任务名称** | **揭榜负责人及部职别** | **手机** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| …… |  |  |  |  |  |
| …… |  |  |  |  |  |