《预应力混凝土双T板》征求意见表

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| **专家姓名** |  | **从事专业** |  | | **职称** |  | |
| **工作性质** |  | **所在单位** |  | | | | |
| **通信地址** |  | | | | **邮编** | |  |
| **联系电话** |  | **电子邮箱** |  | | **传真** | |  |
| **条文编号** | **意见和建议** | | | **理由和背景材料** | | | |
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**（纸面不敷，可另增页）**

请将意见和建议于2019年2月19日前寄回或者回复邮件：

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