**附件2：**

**第29届中国化学奥林匹克（初赛）**

**地市负责人通讯联系表**

**请认真填写各项内容，打印（A4纸） 单位公章：**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **市（县）名称：** | | | | | | | |
| **竞赛总负责人姓名** | |  | | **电子邮件** |  | **电话：** | |
| **手机：** | |
| **所在单位** | |  | | | | **职务** |  |
| **详细通讯地址** | |  | | | | **邮编** |  |
| **本届竞赛、参赛学生人数** | | |  | | | | |
| **备注** |  | | | | | | |