附件9

**广东省小型微型企业创业创新示范基地**

**推荐表**

申请单位名称：

所在市（顺德区）：

填报日期： 年 月 日

广东省经济和信息化委员会制

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| **推荐单位组织测评情况（随机抽取，不少于 10 家）** | | | | | | | | | | |
| 测评方法 | □上门拜访 □电话询问 □网络互动 □书面征求 □其他 | | | | | | | | | |
| 抽样企业名称 | 被访人员姓名 | 职务 | 联系电话 | 接受服务内容 | 所接受服务是否符合企业需求 | | | 对所受服务的总体评价 | | |
| 很符合 | 一般 | 不符合 | 很满意 | 基本满意 | 不满意 |
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| 企业对创业创新基地的具体评价及意见 |  | | | | | | | | | |

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| **专家组评审意见** | | | | | | | |
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| 专家姓名 | 职务/职称 | 工作单位 | | 签字 | | | |
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| **地市（顺德区）中小企业行政主管部门推荐意见：** | | | （  年 | | 盖章 | ）月 | 日 |

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