# 《专利代理人执业评价分级标准》征求意见反馈表

反馈人/单位：\_\_\_\_ \_\_\_\_\_ \_联系电话：\_\_\_\_\_\_\_\_\_\_\_\_

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| 序号 | 章条编号 | 修 改 意 见 | 修改理由或依据 |
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注：篇幅不够可增页