附件：

**首届社区教育漫画作品征集与展示公益活动作品汇总表**

报送单位（大市）：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 填表人:\_\_\_\_\_\_\_\_\_\_ 联系电话:\_\_\_\_\_\_\_\_\_\_\_\_

| **序号** | **作者姓名** | **年龄** | **作品标题** | **作品介绍（200字以内）** | **作者单位** | **电话（手机）** | **作者邮箱** |
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