**《包装用双向热收缩型聚酯薄膜》(征求意见稿）**

**意见反馈表**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 电话 |  | 传 真 | |  | E-mail |  | |
| 单位 |  | | | | 通信地址 | |  | | 邮编 |  |
| 章条号 | | 修改建议 | | | | 修改理由 | | | | |
|  | |  | | | |  | | | | |

（纸幅不够，请附页）