附件2

服务产品推荐汇总表

省级中小企业主管部门（盖章）： 联络员及联系方式：

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **服务产品名称** | **服务机构名称** | **服务产品类型** | **注册时间** | **从业人数** | **服务中小企业数量** | **服务对象所属行业** | **联系人及联系方式** | **咨询电话（可对外发布方便对接）** | **给予专精特新中小企业的独享价格或专属优惠** | **核心功能与鲜明特色（200字以内）** |
| **总计** | **专精特新中小企业** | **专精特新“小巨人”企业** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |