**附件**

报名登记表

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **项目编号** | 省三医磋商采购-2024-02号 | | | | **日期** | 20 年 月 日 |
| **公司名称** |  | | | | | |
| **公司地址** |  | | | | | |
| **法定代表人** |  | | **联系人** |  | | |
| **手机号** |  | | **标书领取人** |  | | |
| **标书领取人身份证号** | |  | | | | |
| **电子邮箱** | |  | | | | |
| **备注** | |  | | | | |