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| **表1：十堰市妇幼保健院供应商报名登记表** | | | | | | |
| **一、企业基本情况** | | | | | | |
| 供应商名称 |  | | | | 法定代表人 |  |
| 组织机构代码 |  | | | | 注册资本 |  |
| 单位地址 |  | | | | 公司类型 |  |
| 主要经营范围 | 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ; 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ; 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; | | | | | |
| 4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ; 5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ; 6.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; | | | | | |
|  |  |  |  | |  |  |
| 企业资质证书 | 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; | 级别 |  | | 截止日期 |  |
| 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; | 级别 |  | | 截止日期 |  |
| **二、投标项目资料** | | | | | | |
| 报名项目名称 |  | 项目编号 | |  | | |
| 投标项目负责人 |  | 电子邮箱 | |  | | |
| 联系方式 |  | 备用联系方式 | |  | | |
|  |  |  | |  | | |
|  |  | | | | | |
|  | | | | | |
| 项目案例 | 项目名称、采购单位 | 规格 | | 项目金额（或产品数量） | | |
|  |  | |  | | |
|  |  | |  | | |
|  |  | |  | | |
| 产品基本简介 |  | | | | | |