|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **十堰市妇幼保健院招标代理机构报名登记表** | | | | | | | |
| **一、企业基本情况** | | | | | | | |
| 机构名称 |  | | | | 法定代表人 | |  |
| 组织机构代码 |  | | | | 注册资本 | |  |
| 单位地址 |  | | | | 员工人数 | |  |
| 主要经营范围 | 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ; 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ; 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; | | | | | | |
| 4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ; 5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ; 6.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; | | | | | | |
| 企业资质 | 1. ; | 级别 |  | | 截止日期 | |  |
| 2. ; | 级别 |  | | 截止日期 | |  |
| 3. ; | 级别 |  | | 截止日期 | |  |
| 其他资质认证 |  | | | | | | |
| 机构简介 |  | | | | | | |
| **二、报名项目资料** | | | | | | | |
| 报名项目名称 |  | 项目编号 | |  | | | |
| 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 | 项目单位 | | | | 项目金额 | |
|  |  | | | |  | |
|  |  | | | |  | |
|  |  | | | |  | |
|  |  | | | |  | |