附件1：

河池市中医医院

门诊住院综合楼玻璃维修服务项目市场调研报名表

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  序号 | 单位名称（盖章） | 联系人 | 联系电话 | 地址 | 报名时间 | 备注 |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |