**南方科技大学医院餐饮服务方案咨询交流会报名登记表**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **公司名称** | | **联系人** | **联系方式** | **备注** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |