**南方科技大学医院信息化项目论证报名登记表**

**项目名称：**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **供应商公司** | | **品牌型号/软件名称**  **（可选）** | **联系人** | **电话** | **邮箱** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |