**南方科技大学医院政府投资医学装备项目结决算服务报名登记表**

**项目名称：**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **服务公司名称** | | **联系人** | **电话** | **邮箱** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |