**附件2：**

**临海市第一人民医院后勤物资采购供应商报名表**

|  |  |  |
| --- | --- | --- |
| 项目名称 |  | |
| 投标单位名称 |  | |
| 投标联系人 |  | |
| 联系电话 |  | |
| **产品名称** | **产品规格、型号** | **产品投标价格** |
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