**附件一**

**海安市人民医院医院招标代理公司遴选报名表**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **单位名称** | **法人姓名** | **法人联系电话** | **受托人姓名** | **受托人联系电话** | **代理范围** | **备 注** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |