附件2：

河池市中医医院   
医疗设备采购项目议价报名表

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **项目名称：**医疗设备采购项目 | | | | |  |
| 序号 | 单位名称 | 负责人 | 联系电话 | 时间 | 意向 |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |