附表一：

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **曲靖市第一人民医院医学装备维保服务厂/商报名表** | | | | | | | |
| **序号** | **项目名称** | **主要服务内容及方案** | **服务单位名称** | **主要优势** | **技术人员及资质** | **联系人** | **联系方式** |
| 1 |  | 附件提交 |  |  | 附件提交 |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| ... |  |  |  |  |  |  |  |
| 备注：现场报价 | | | | | | | |