**附件2：**

**绍兴市上虞第二人民医院医疗设备市场征询报名表**

注：[Word电子版填写后发送至648759312@qq.com](mailto:Word电子版填写后发送至25711286@qq.com) (不用盖章，不用图片形式)

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| 标段 | 设备名称 | 品牌及型号 | 经销公司 | 联系人 | 联系电话 | EMAIL |
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