**中山大学附属第六医院**

**医疗设备产品信息报名表**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **经销商**  **名称** |  | | | **厂家**  **名称** |  | | | |
| **设备名称** |  | | | **品牌** |  | | | |
| **型号** |  | | | **总报价** |  | | | |
| **标配清单** |  | | | | | | **分项报价** | |
|  | |
| **选配清单** |  | | | | | | **分项报价** | |
|  | |
| **配套耗材及易耗损配件** |  | | | | | | **分项报价** | |
|  | |
| **质保期等**  **售后服务** |  | | | | | | | |
| **报名公司**  **代表签名** |  | **联系电话** |  | | | **日期** | |  |