**投标人报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 投标单位名称 |  | | | | 联系电话 | | |  | | 单位邮箱 |  | | | | 单位传真 | | |  | | 单位地址 |  | | | | | | | | | 投标人授权代表姓名 |  | | | | 手机号码 | | |  | | 身份证号码 |  | | | | 电子邮箱 | | |  | | **拟投标项目资料** | | | | | | | | | | 项目名称及所投标段 | 深圳市福田区妇幼保健院（新院区）设备市场调研【XXX设备】 | | | | | | | | | 序号 |  | | 设备名称 | | |  | | | | **投标人须知事项** | | | | | | | | | | 我方了解如下事项：  1、我方保证本表填写的内容及提供的证件和资料真实有效，如有虚假则承担法律责任；  2、我方了解本项目投标人的资格要求，并将相关材料准备齐全参与投标；  3、我方了解投标风险，并对招标文件、标书费售后不退等事宜清楚知悉；  4、我方了解招标文件的密封要求，并按招标文件要求在投标文件外包装上标识相关内容；  5、我方已领取本项目招标文件及相关资料；  6、我方了解投标保证金缴纳及退还的相关手续。 | | | | | | | | | | 签署 | |  | | 报名日期 | | | 年 月 日  时 分 秒 | | | **招标机构审核（由招标机构填写）** | | | | | | | | | |

注 1、投标申请人应认真填写本表（用正楷填写），对字迹模糊、未按规定填写的或未按规定提供相关证件及资料的，招标机构有权拒绝。

1. 报名资料接收邮箱：gx@gxsz.com。

3、邮件主题发文格式：“XXX公司”+“XXX项目”报名资料