附件2

**北京中医药大学东直门医院（通州院区）二期11层报告厅视频会议系统项目报名表**

**投标公司名称（加盖公章）**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **投标产品名称** | **协议供货/ 电子卖场** | **品牌** | **规格型号** | **项目 联系人** | **身份证号** | **联系电话** |
| 1 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |