**附件2**

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| **深圳市中医院医用耗材院内物流延伸服务（SPD）项目**  **产品介绍会报名信息登记表** | | | | |
| 序号 | 单位名称 | 联系人  （被授权人） | 联系电话 | 邮箱 |
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