附件

**四川省医疗卫生与健康促进会会务服务**

**合作单位报名表**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **报名序号**（此项由四川省医疗卫生与健康促进会填写）**：** | | | | |  | |
| **企业名称：** |  | | | | | |
| **统一社会信用代码：** | | |  | | | |
| **注册资金：** |  | | | | **注册日期：** | |
| **年营业收入：** |  | | | | **员工总数：** | |
| **联系电话：** |  | | | | | |
| **联系地址：** |  | | | | | |
| **单位简介** |  | | | | | |
| **业务范围** |  | | | | | |
| **成功案例** | 序号 | 活动名称 | | 活动时间、地点 | | 活动规模 |
| 1 |  | |  | |  |
| 2 |  | |  | |  |
| 3 |  | |  | |  |
| 4 |  | |  | |  |
| 5 |  | |  | |  |