附件1

中山市口腔医院财务软件项目报名表

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| **序号** | **名 称** | **版本** | **功能模块** | **站点** | **报价（元）** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
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公司盖章

法人签名

日期