附件2

参评医疗机构报名回执

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 单位名称 |  | | | |
| 姓 名 | 性别 | 部门 | 职务/职称 | 联系电话 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| （付款凭证截图） | | | | |

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| --- | --- | --- | --- |
|  |  | |  |
| 附件3  **增值税专用（普通）发票开具客户信息表（必填）** | | | | |
| **(Client Information for VAT Fapiao Issuing)** | | | | |
| **填写日期：** | | | | |
| **Date of Filling in:** | | | | |
| 公司注册登记的名称（单位名称） | |  | | |
| Full Company Register Name | |
| 纳税人识别号（即税务登记证号） | |  | | |
| Tax Registration No. | |
| 税务登记证上地址和电话 | |  | | |
| Company Address / Tel. | |
| （如发票、合同邮寄地址与上述地址不符，请另填如下） | |  | | |
| 发票邮寄地址、电话及收件人 | |
| Company Address /Tel./Attention | |
| 开户行及账号 | |  | | |
| Bank Name/Account No. | |
| 项目负责或财务部 联系人姓名及电话 | |  | | |
| Finance Contact Person / Tel. | |