附件1

全国巡回采购团企业报名表

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **企业名称** | **经营行业** | **覆盖地区** | **采购品类需求** | **联系人** | **联系方式** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

回执传真：010-66088005 或发送邮箱：ccazcfg@126.com

附件2

内销巡回采购活动江苏站报名表

|  |  |  |  |
| --- | --- | --- | --- |
| **企业名称** | **姓名** | **职务** | **联系方式** |
|  |  |  |  |
|  |  |  |  |

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