四川省预防医学会会议服务公司招募报名表

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| **企业名称** |  | | | | |
| **统一社会信用代码** | |  | | **法人代表** |  |
| **注册资金** |  | | | **注册日期** |  |
| **年营业收入** |  | | | **员工总数** |  |
| **联系人** |  | | **联系电话** |  | |
| **联系地址** |  | | | | |
| **单位简介** |  | | | | |
| **业务范围**  **（根据营业执照添加）** |  | | | | |