**山东省精神卫生中心**

**患者安全系统推介会报名表**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **企业名称** | **品牌** | **版本** | **是否演示** | **联系人** | **联系方式** | **身份证号** |
|  |  |  |  |  |  |  |

备注：其余产品介绍材料请随报名表一起发送