附件1：

**征集报名表**

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| **报名机构** | 机构名称 | | |  | | | | | | | | | |
| 商业登记/营业执照 | | |  | | | | 注册编号 | | |  | | |
| 注册时间 | | |  | | | | 注册地址 | | |  | | |
| 法定代表人 | | |  | | | | | | | | | |
| 项目联系人 | | |  | | | | 手机 | | |  | | |
| 邮箱地址 | | |  | | | | 传真 | | |  | | |
| **机构简介**  **(限500字内)** |  | | | | | | | | | | | | |
| **首席建筑师** | 姓名 | |  | | | 在本项目中承担的职位 | | | | |  | | |
| 年龄 | |  | | | 职称/执业资格 | | | | |  | | |
| 职务 | |  | | | 从业  年限 | | |  | | （照片） | | |
| 毕业  院校 | |  | | | 专业 | | |  | |
| 学历 | |  | | | 联系  方式 | | |  | |
| 项目经验 | | | | | | | | | | | | |
| **主要参与人员** | 姓名 | 性别 | | | 年龄 | | 职称/执业资格 | | | 在本项目中担任的职务 | | | 备注 |
|  |  | | |  | |  | | |  | | |  |
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|  |  | | |  | |  | | |  | | |  |
| **同类项目**  **经验** | 项目名称 | | | | |  | | | | | | | |
| 项目主要成员 | | | | |  | | | | | | | |
| 项目简介 | | | | | | | | | | | | |
| 项目名称 | | | | |  | | | | | | | |
| 项目主要成员 | | | | |  | | | | | | | |
| 项目简介 | | | | | | | | | | | | |
| 项目名称 | | | | |  | | | | | | | |
| 项目主要成员 | | | | |  | | | | | | | |
| 项目简介 | | | | | | | | | | | | |
| **报名优先顺序（如有）** |  | | | | | | | | | | | | |
| **资质证书** | 资质证书 | | | | | 证书类型 | | | 证书编号 | | | 有效期 | |
|  | | | | |  | | |  | | |  | |
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| 我方保证提交所有报名资料的真实性，否则即使入围自始无效，并确认参加《重庆悦来片区公共建筑（医院、设计公园创新基地）概念性建筑方案设计征集》活动。  法人代表人或委托代理人（签字或盖章）：  报名机构（加盖公章）： | | | | | | | | | | | | | |