**FORMULÁRIO DE SUGESTÃO**

ELABORAÇÃO DE PROJETO BÁSICO COM INTUITO DE CONTRATAÇÃO DE EMPRESAS ESPECIALIZADAS PARA EXECUÇÃO DE SERVIÇOS PARA ATENDER AS UNIDADES DE SAÚDE DA CAPITAL E INTERIOR DO ESTADO DO AMAZONAS

Data: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Nome: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telefone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representa alguma cooperativa? SIM ( ) NÃO ( )

Caso SIM, qual? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Qual o serviço sugere recomendação: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Com base na minuta de projeto básico para contratação de serviços para unidade de saúde capital e interior, quais são as suas considerações?

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