# 《苏州科技城核心区TOD综合开发城市设计》国际方案征集

# 应征机构申请表

**Application Form of International Solicitation for**

**Urban Design of the Core Area Integrated TOD of Suzhou Science and Technology Town**

|  |  |
| --- | --- |
| **机构详细信息 Company details** | |
| 注册名称 Registered name |  |
| 注册国家/地区 Country / Region |  |
| 注册地址 Registered address |  |
| 法定代表人 Legal representative |  |
| 商业登记/统一社会信用代码编号  Business registration / Unified social credit code number |  |
| 设计资格或资质的种类和级别  Type & level of design qualifications |  |
| 电话 Telephone number |  |
| 网址 Website |  |
| 机构成立时间 Founding time |  |
| 是否与其他机构组成联合体  Whether to form a consortium with other institutions |  |
| 联合体其他成员机构名称  Name of other consortium members |  |
| **拟派主创设计师 Chief designer** | |
| 姓名 Name |  |
| 职务 Title / Position |  |
| 从业年限 Years of design experience |  |
| 专业特长 Professional field |  |
| **本项目联系人 Contact person** | |
| 姓名 Name |  |
| 职务 Title / Position |  |
| 固定电话 Telephone number |  |
| 移动电话 Mobile number |  |
| 电子邮箱 E-mail |  |
| 通信地址及邮编 Address & postcode |  |

**注意事项：**

1. 若为联合体申请，每个联合体成员需分别单独填写本表格（在同一个WORD文件后新增表格）。
2. 请将填写完整的申请表（WORD格式）以电子邮件方式发送到[zxb@planning.org.cn](mailto:zxb@planning.org.cn)，邮件标题请注明“苏州科技城TOD项目-应征机构名称”。
3. 组织策划单位收到申请表后，将在1个工作日内以邮件方式发送资格预审相关材料。
4. 以上信息请务必准确填写，“国家/地区”一栏请填写应征机构母公司注册地所在国家或地区，联系人姓名、电话和邮箱等不得有误。

**Remarks:**

1. If registering as a consortium, each consortium member shall fill in a table respectively in one document.
2. Please fill in the form completely and email it to [zxb@planning.org.cn](mailto:zxb@planning.org.cn) in WORD format; Please indicate the project name and company name in the subject of the email;
3. After receiving the application form, the organizing supporter will reply with the related prequalification documents by email within 1 working day.
4. Please fill in all the information above accurately, especially the contact person, telephone number and email address; please fill in the “country/region” column with the registered place of the parent institute.