

FORM

To preparatory market consultations on the subject of the contract

„ A robotic navigation system for cardiology “

Name of the economic operator	
Registered office or place of business	
Legal form	
CID	
ID VAT	
Name and surname, title of the person (s) authorized to represent the economic operator at the preparatory market consultations	
Telephone	
E-mail	
Number of presented proposals / part of the subject of the contract (number and name)	
Providing a demonstration of the tool	YES NO *
Time of submission of the sample (indicate by when the sample will be provided to the contracting authority)	
Date and signature:	
By sending this form, the economic operator consents to an audio recording of the preparatory market consultations.	

*) strike out inappropriate