附件3

四川省中医药健康旅游示范基地、示范项目汇总表

市（州）中医药、文化旅游管理部门（盖章）： 年 月 日

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| **类别** | **序号** | **名称** | **申报单位** | **联系人** | **电话** | **手机** | **邮箱** |
| **基地** |  |  |  |  |  |  |  |
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| **项目** |  |  |  |  |  |  |  |
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市州联系人： 联系方式：