附件1

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 类别 | 序号 | 名称 | 申报单位 | 联系人 | 电话 | 手机 | 邮箱 |
| 区域 | 1 |  |  |  |  |  |  |
|  | 2 |  |  |  |  |  |  |
| 基地 | 1 |  |  |  |  |  |  |
|  | 2 |  |  |  |  |  |  |
|  | 3 |  |  |  |  |  |  |
|  | …… |  |  |  |  |  |  |
| 项目 | 1 |  |  |  |  |  |  |
|  | 2 |  |  |  |  |  |  |
|  | 3 |  |  |  |  |  |  |
|  | 4 |  |  |  |  |  |  |
|  | 5 |  |  |  |  |  |  |
|  | 6 |  |  |  |  |  |  |
|  | …… |  |  |  |  |  |  |

国家中医药健康旅游示范区（基地、项目）推荐汇总表