附件3

**山东平安健康管理研究中心**

**中医药传承创新发展公益项目实施信息表**

|  |  |  |  |
| --- | --- | --- | --- |
| **公益项目名称** | | **中医药传承创新发展公益项目** | |
| **呈报单位名称** | |  | |
| **公益项目实施资料** | | | |
| **序 号** | **姓 名** | **电话** | **备注** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**此表可根据参与人数的实际情况，由各部门自行扩展。**