附件3

杭州市示范性婴幼儿照护服务机构推荐表

**区（县、市）卫生健康局（盖章）**

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| **序号** | **机构名称** | **地址** | **联系人** | **联系方式** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
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