**附件一：**

**中国教育会计学会举办2019年地市级财会人员培训班**

**报名汇总表（第一期不限人数）（5月8日-12日）（表格所有必填）**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **学会或分支机构：** | | | |  | | | |
| **联系人：** | | | | **联系电话：** | | | |
| **领队：** | | | | **联系电话：** | | | |
| 序号 | XX省教育会计学会 | 工作单位 | 姓名 | 发票抬头信息 | 纳税人识别号 | 手机 | 邮箱 |
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**中国教育会计学会举办2019年地市级财会人员培训班**

**报名汇总表（第二期不限人数）（5月13日-17日）（表格所有必填）**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **学会或分支机构：** | | | |  | | | |
| **联系人：** | | | | **联系电话：** | | | |
| **领队：** | | | | **联系电话：** | | | |
| 序号 | XX省教育会计学会 | 工作单位 | 姓名 | 发票抬头信息 | 纳税人识别号 | 手机 | 邮箱 |
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**中国教育会计学会举办2019年地市级财会人员培训班**

**报名汇总表（第三期不限人数）（5月18日-22日）（表格所有必填）**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **学会或分支机构：** | | | |  | | | |
| **联系人：** | | | | **联系电话：** | | | |
| **领队：** | | | | **联系电话：** | | | |
| 序号 | XX省教育会计学会 | 工作单位 | 姓名 | 发票抬头信息 | 纳税人识别号 | 手机 | 邮箱 |
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**中国教育会计学会举办2019年地市级财会人员培训班**

**报名汇总表（第四期不限人数）（5月23日-27日）（表格所有必填）**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **学会或分支机构：** | | | |  | | | |
| **联系人：** | | | | **联系电话：** | | | |
| **领队：** | | | | **联系电话：** | | | |
| 序号 | XX省教育会计学会 | 工作单位 | 姓名 | 发票抬头信息 | 纳税人识别号 | 手机 | 邮箱 |
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**中国教育会计学会举办2019年地市级财会人员培训班**

**报名汇总表（第五期不限人数）（5月28日-6月1日）（表格所有必填）**

|  |  |  |  |  |  |  |  |
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| **学会或分支机构：** | | | |  | | | |
| **联系人：** | | | | **联系电话：** | | | |
| **领队：** | | | | **联系电话：** | | | |
| 序号 | XX省教育会计学会 | 工作单位 | 姓名 | 发票抬头信息 | 纳税人识别号 | 手机 | 邮箱 |
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**中国教育会计学会举办2019年地市级财会人员培训班**

**报名汇总表（第六期不限人数）（6月2日-6日）（表格所有必填）**

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| **学会或分支机构：** | | | |  | | | |
| **联系人：** | | | | **联系电话：** | | | |
| **领队：** | | | | **联系电话：** | | | |
| 序号 | XX省教育会计学会 | 工作单位 | 姓名 | 发票抬头信息 | 纳税人识别号 | 手机 | 邮箱 |
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**中国教育会计学会举办2019年地市级财会人员培训班**

**报名汇总表（第七期不限人数）（6月7日-11日）（表格所有必填）**

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| **学会或分支机构：** | | | |  | | | |
| **联系人：** | | | | **联系电话：** | | | |
| **领队：** | | | | **联系电话：** | | | |
| 序号 | XX省教育会计学会 | 工作单位 | 姓名 | 发票抬头信息 | 纳税人识别号 | 手机 | 邮箱 |
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**中国教育会计学会举办2019年地市级财会人员培训班**

**报名汇总表（第八期不限人数）（6月12日-16日）（表格所有必填）**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **学会或分支机构：** | | | |  | | | |
| **联系人：** | | | | **联系电话：** | | | |
| **领队：** | | | | **联系电话：** | | | |
| 序号 | XX省教育会计学会 | 工作单位 | 姓名 | 发票抬头信息 | 纳税人识别号 | 手机 | 邮箱 |
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