**附件一：**

**中国教育会计学会举办2019年高校财务骨干培训班**

**报名汇总表（第一期）（4月6日-10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年高校财务骨干培训班**

**报名汇总表（第二期）（4月11日-15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年高校财务骨干培训班**

**报名汇总表（第三期）（4月16日-20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年高校财务骨干培训班**

**报名汇总表（第四期）（4月21日-24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年高校财务骨干培训班**

**报名汇总表（第五期）（9月14日-18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年高校财务骨干培训班**

**报名汇总表（第六期）（9月19日-23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年高校财务骨干培训班**

**报名汇总表（第七期）（10月16日-20日）（表格所有必填）**

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| **学会或分支机构：** | | | |  | | | |
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| **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年高校财务骨干培训班**

**报名汇总表（第八期）（10月21日-25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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