**附件一：**

**中国教育会计学会举办2019年高校主管财务领导干部培训班**

**报名汇总表（5月03日-07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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