**会计师事务所党组织书记能力提升远程培训班**

**报名表**

**填表单位：（盖章）**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **单位名称** | **职务（含行政职务和党内职务）** | **是否为注册会计师** |
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