附件：

**中小会计师事务所热点难点培训班学员报名信息表（北国会）**

**单位：**

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| **序号** | **姓名** | **性别** | **注册会计师证书编号** | **工作单位** | **职务** | **联系电话** | **通讯地址** | **邮编** |
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审核人： 经办人： 2020年 月 日