附件

**全省税务师行业党员培训班参训报名表**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **填表人：** |  |  |  |  |  |   **联系电话**： |  |

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|  **序号** | **姓 名** | **性别** | **单位** | **职务** | **电话** | **是否住宿** |
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请以各事务所党支部或事务所为单位统计参训人员，于7月10日前报送至邮箱hnshuixiezb@126.com。