附件1：

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| 2020年度国家和注会行业治理体系与治理能力提升专题远程培训班申请点位及参培人员报名表  事务所名称（盖章）： 填表人： 联系电话： | | | | | |
| 序号 | 姓名 | 性别 | 单位 | 职务 | 执业证书号 |
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