附件1：

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| **2020年度疫情背景下减税降费与企业生存发展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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