会计师事务所合伙人数字化建设研修班

报名汇总表

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| **序号** | **姓名** | **身份证号码** | **注师**  **证号** | **手机**  **号码** | **事务所名称** | **职务** | **备注** |
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填 报 单 位 ：

联系人及电话：