附件2

2025年审计专业继续教育（面授）人员培训报名表

填表单位： 联系人： 电话：

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| **序号** | **姓 名** | **性别** | **身份证号码** | **工作单位** | **单位性质** | **所在单位统一****社会信用代码** | **手机号** |
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