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：

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |