附件三：

**《新时代行政事业单位财务人员专业能力提升系列培训班》**

报 名 回 执 表

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| **单位名称** |  | | | | | **传　真** | |  | | |
| **通讯地址** |  | | | | | | | | | |
| **联系人** |  | | | **联系方式** |  | | | | | |
| **学员姓名** | **性别** | **职务** | **手机号码** | **联系电话** | **电子邮箱** | | **期数** | | **培训地点** | |
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| **请将培训费汇至以下账号：**  **开户名：北京华夏星源国际文化传播有限公司**  **账 号：0109 0308 7001 2010 8782 728**  **开户行：北京银行金台路支行** | | | | | | | | | | |
| **报名请咨询：**  **马迎吉电话：010-85913279 传真：010-85913281**  **手机：18911280109** | | | | | | | | | | |

**注：1、本回执可复制；**

**2、请将参训期数、时间、地点填入相应的空栏里。**