附件2：

**2018全国新闻出版业财务管理与税务筹划专业能力提升培训班报名回执表**

经研究，我单位选派以下同志参加： （请加盖单位公章）

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| 单位名称 |  | | | | | 参会人数 |  | | | 参会期次（地点） | | |  | |
| 联 系 人 |  | | 电话（+ 区号） | | |  | 传 真 |  | | 手机 |  | | E - mail |  |
| 参会人姓名 | 性别 | 职 务 | | | 部门 名 称 | | | | 办公电话 | 传 真 | | 手 机 | | E - mail |
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| 住 宿 要 求 | ▪ 单人间 间 ▪ 双人间 间 | | | | | | | | | | | | | |
| 您重点关注或需要解答的问题（可另附页）：  *请认真填写或按本表目次另行录排，以便收到最好的学习交流效果。* | | | | | | | | | | | | | | |

*本回执复制有效*