**附件：**

**2019年度自治区会计师事务所科技计划项目资金审计培训报名回执表**

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| **序号** | **事务所名称/单位名称** | **事务所综合评级级次** | **所在盟市** | **姓名** | **电话** | **职称/职务** | **注册会计师执业证书号** |
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