**附件1：**

**报名汇总表**

市注册会计师协会（公章）

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 序号 | 姓名 | 工作单位 | 职务 | 手机 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

填报人： 日期: