**附件1：**

会计师事务所党组织书记暨所长能力提升远程

培训班参加人员情况表

**填表单位：**

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| **序号** | **姓名** | **性别** | **单位名称** | **职务（含行政职务和党内职务）** | **是否为注册会计师** | **是否为民主党派** |
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