附件2

2020年度行政事业单位非财务人员培训报名表

**报名单位（盖章）: 报名时间： 年 月 日**

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| **序号** | **姓 名** | **单位名称** | **身份证号码** | **职务** | **职称** | **单位电话** | **本人手机** | **预报期数** | **备注** |
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**单位负责人： 填报人： 联系电话：**