附件一

**国地税合并下个税与社保的痛点分析及风险防控培训报名回执表（此表复制有效）**

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| 单位全称 |  | | | | | | |
| 纳税人识别号 |  | | | | | | |
| 联 系 人 |  | 电 话 |  | | 传真 |  | |
| 参训人姓名 | 性别 | 职务 | 手机 | 邮箱或Q Q号 | 是否入住 | | 单双人间 |
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| 开票要求及备注： 专票□ 普票□ | | | | | | | |