附 件：

“实施技术创新，引导转型升级”报名回执

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| 企业全称 | | |  | | | |
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| 参加人员 | | | | | | |
| 姓名 | 职务 | 办公电话 | | 手机 | 传真 | 邮箱 |
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**注：[名额有限，请尽快将报名回执发至szqcpa@163.com或传真：](mailto:名额有限，请尽快将报名回执发至szqcpa@163.comak)83172955**