**附件**

**苏州市2020年度财政绩效评价业务培训班报名回执**

**参培单位：**

|  |  |  |  |  |  |
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| **姓名** | **性别** | **单位** | **职务(职业资格或职称）** | **手机** | **办公电话** |
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