附件3

报名信息统计表

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| **序号** | **单位** | **姓名** | **性别** | **纳税人识别号** | **金额** | **收票邮箱** | **联系方式** | **是否****会员** | **备注** |
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市: 联系人： 联系电话：

注：1.学会会员审核以实际缴纳会员费为准。

 2.单位名称为发票抬头，请务必填写完整准确。

3.请于4月19日17:00前将此表发送至学会邮箱：sxqjyzx@126.com。