**附件：**

注册会计师行业执业质量检查后续培训班报名表

|  |  |  |  |
| --- | --- | --- | --- |
| **事务所名称** |  | | |
| **主任会计师** | | **质控负责人** | |
| **姓名** | **联系电话** | **姓名** | **联系电话** |
|  |  |  |  |