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| 湖北省注册会计师协会2019年继续教育培训考勤表 | | | | | | | | | | | | | | | | | | | | | | | |
| **座位号：** | | | | | 执业质量检查事务所培训班 | | | | | | | | | | | | | | | | |  | |  | |
| 姓 名 | | |  | | 性别 | |  | | 工作单位 | |  | | | | 手机号 | |  | | | | | 事务所盖章 | |
| 注册证号 | | |  | | | | | | 身份证号 | |  | | | | | | | | | | |
| 参加培训注册会计师职务 | | | 1、主任会计师（合伙人、股东） | | | | | | | |  | | 2、部门经理 | | | | | |  | | |
| 3、项目经理 | | | | | | | |  | | 4、注册会计师 | | | | | |  | | |
| 考勤记录 | （本栏由注协工作人员根据学员实际出勤情况填写） | | | | | | | | | | | | | | | | | | | | | | |
| 培训地点： | | | | 湖北省武汉市东湖大厦 | | | | | | | | | | | | 培训时间： 2019年7月2日至7月4日 | | | | | | | |
| 注： | | 1、本表从省注协网站下载，请完整填好参加培训注册会计师相关信息（职务栏只需填一项）并由事务所盖章。 | | | | | | | | | | | | | | | | | | | | | |
|  | | 2、参加培训人员自行携带此表参加培训考勤，培训期间请遵守培训纪律，累计缺勤半天及以上的，将不通过本期培训考核。 | | | | | | | | | | | | | | | | | | | | | |
|  | | 3、请妥善保管此表，培训结束时统一收回，作为培训合格的重要依据。 | | | | | | | | | | | | | | | | | | | | | |
|  | | 4、您对本次培训班或省注协培训工作的意见和建议（培训结束时填写，作为培训考核的一部分）： | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | |  | |  | |  | |  | |  | | | |  | |  |  | |  |  |
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