**Registration Form – Qing Dao**

* **Company Information:**

Company name:

Company address:

Export region:

* **Delegate Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Title | Tel. | Mobile Number | Email |
|  |  |  |  |  |

* **Concerned Issues:**

**Note:** 1. Please carefully fill in the issues you concerned about, including the status of your substance and we will collect the targeted information before the Workshop for your reference.

Please be assured that we will keep the information you provided in strict confidentiality.

2. Please arrange your own accommodation. If you need any help, please contact **Ms. Shu Mengting** at smt@cirs-group.com.

\* Please fill in the Registration Form and send it back to Ms. Shu Mengting at smt@cirs-group.com or fax it to 0086 571 87206533.

We will confirm your information and send it back to you as soon as possible.