**Registration Form**

* **Information of the company:**

Name of company:

Export destination:

* **Information of the attendees**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Post | Tel. | Mobile | E-mail |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

* **Questions that that you are interested:**

Note: Please fill in the blank with questions of your concern and the information of your products carefully, we will collect relevant information with specific targets before the meeting for your reference.

Please be assured that we will strictly keep confidentiality of the information you offered.

Please send the registration receipts to Mr. Guo Ting gt@cirs-group.com or FAX them to 0571-87206533, thank you.