

Registration Form

Name of Seminar/ Course			
(photo)	Training time		
	Family name		
	First name		
	Title		
Passport no.			
Nationality		Name of applicant's employer	
Gender			
Language		Work address	
Religion		Home address	
Date of birth			
Tel		Email	
Fax		Emergency contact	
Cell		Emergency tel.	
Signature:	Date:		

经商参处意见：

(经商参处签章)

日期：

*Note: All columns in English **MUST** be completed.*