

Applicants Registration Form

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|--------------------------------------|--|------------------------------------|--|-----------|--|
| Name of the Seminar/Training Course: | | | | | |
| Applicant character | Officer <input type="checkbox"/> Specialist <input type="checkbox"/> | Host Date | | Host City | |
| <u>2-inch ID photo</u> | | Family Name | | | |
| | | First Name | | | |
| | | Position | | | |
| Passport No. And Expiration Date | | | | | |
| Nationality | | Name of Working Institute | | | |
| Sex | | Mail Address of Institute | | | |
| Language | | | | | |
| Religion | | Address of Home | | | |
| Date of Birth | | E-mail | | | |
| Tel | | | | | |
| Fax | | Person to be Contacted | | | |
| Cell | | Phone to be Contacted in Emergency | | | |
| Signature and Date | | | | | |

经商参处意见（Admission Decision）:

Signature（领导签字）

Date（日期）