

## Applicants Registration Form

Name of the Seminar/Training Course:					
Applicant character	Officer <input type="checkbox"/> Specialist <input type="checkbox"/>	Host Date		Host City	
<b><u>2-inch ID photo</u></b>		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):

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Signature (领导签字)

Date (日期)