**Registration Form**

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| **Name** |  | **Title** |  | **Gender** |  | **Country** |  |
| **Email** |  | **Telephone** |  |
| **Institutional Affiliation** |  |
| **Address** |  |
| **I would like to have a presentation** | Oral/Poster/None |
| **I would like to share the room** | Yes(split the bill)/No |
| **Special request for the diet** | None (please specify if yes) |
| **Additional information** |  |

\* Please fill and send this form before 30th, March 2014 to the conference secretary via email zzwang@aiofm.ac.cn .