**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](mailto:zzwang@aiofm.ac.cn) .