**Registration Form**

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| --- | --- |
| Last name: | 　 |
| First / Middle name(s): | 　 |
| Gender: | 　 |
| Nationality: | 　 |
| Date of birth (DD/MM/YY): | 　 |
| Job title: | 　 |
| Department: | 　 |
| Organization: | 　 |
| Email address: | 　 |
| Booking accommodation | yes □ Twin Room□ Single room□ |
| Passport number | Please attach your passport copy with this form and send them to us |

Please fill in the form to register your participation and submit by 13th Oct 2023 to: Fang WANG or Jiao MO at mojiao@nwipb.cas.cn