



# 2009 Shanghai International Health and Longevity Forum & Health Industry Expo Registration Form (Group)

( More than 10 persons including 10 persons )

( Please complete the form carefully, and make a √ in the corresponding □ )

Group Name		Number of Participants (including Group Leader)	
Group Leader's Name		Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Passport Number		Nationality	
Occupation		Tel (personal)	
E-mail		Fax	
Name of Present Employer		Post Code	
Address of Present Employer		Tel (work)	
Payment	Bank Transfer <input type="checkbox"/> Pay at Register(Only For Cash) <input type="checkbox"/>		
Arriving Date		Flight Number	
Destination	Pudong International Airport <input type="checkbox"/> Shanghai Hongqiao International Airport <input type="checkbox"/>		
Send-off Date		Flight Number	
Destination	Pudong International Airport <input type="checkbox"/> Shanghai Hongqiao International Airport <input type="checkbox"/>		
Number of Participating in tourism	_____		
Accommodation	Number of Double Room _____ , Number of Single Room _____		

Designated Bank Account	<b>Account: Shanghai Sports Development Foundation</b> <b>Account Number: 310066661010149006557</b> <b>Bank Name: Bank of Communications Shanghai Branch</b>
SIGNATURE OF THE CHARGE PERSON	Date: (I declare that the statements made in this application are true and correct to the best of my knowledge and belief, that I will abide by the Law of the People's Republic of China )
2009 Shanghai International Health and Longevity Forum & Health Industry Expo The Organizing Committee Contact Person : John Ling & Serena Mo Tel : 0086-021-63819699/109/118 Fax : 0086-021-63810635                      E-mail: John@ssdf.org.cn Official Website: <a href="http://www.internationaljms.com">http://www.internationaljms.com</a>	

Remark : The copy of this form is valid. Please complete this form carefully and fax to the Organizing Committee before Oct 10, 2009.



## 2009 Shanghai International Health and Longevity Forum & Health Industry Expo Group Member Information Form

( Please complete the form carefully, and make a √ in the corresponding □ )

1	Name		Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Name of Present Employer		Contact Tel		
2	Name		Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Name of Present Employer		Contact Tel		
3	Name		Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Name of Present Employer		Contact Tel		

4	<b>Name</b>		<b>Sex</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Name of Present Employer		Contact Tel		
5	<b>Name</b>		<b>Sex</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Name of Present Employer		Contact Tel		
6	<b>Name</b>		<b>Sex</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Name of Present Employer		Contact Tel		
7	<b>Name</b>		<b>Sex</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Name of Present Employer		Contact Tel		
8	<b>Name</b>		<b>Sex</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Name of Present Employer		Contact Tel		
9	<b>Name</b>		<b>Sex</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Name of Present Employer		Contact Tel		
10	<b>Name</b>		<b>Sex</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Name of Present Employer		Contact Tel		
The copy of this form is valid					