**Registration Form**

|  |  |
| --- | --- |
| 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](mailto:mojiao@nwipb.cas.cn)