**2019 BELT & ROAD INTERNATIONAL HEALTHCARE COOPERATION**

**PROMOTION CONFERENCE**

**RSVP Form**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Participant Information** | | | | | | | | | | |
| Name |  | | | Title |  | Mobile | |  | Email |  |
| Name |  | | | Title |  | Mobile | |  | Email |  |
| Service Required | | | □Dietary Restrictions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □Religious Services:\_\_\_\_ \_\_\_\_  □Others: \_\_\_\_ \_\_\_\_ | | | | | | | |
| Institution | | |  | | | | | | | |
| Country | | |  | | | | | | | |
| Mailing Address | | |  | | | | | | | |
| **Contact Person Information** | | | | | | | | | | |
| Name |  | | | Tel |  | Mobile | |  | Email |  |
| **Itinerary** | | | | | | | | | | |
| Arrival | | Date: | | | | | Flight Number: | | | |
| Return | | Date: | | | | | Flight Number: | | | |
| **Passport Copy** | | | | | | | | | | |
| Please attach your passport copy in the email. | | | | | | | | | | |

Should you have any questions, please feel free to contact:

Contact Person: Ms. Zoey Zhao,

Tel: +86-10-81400613

Email: [cha-international@cha.org.cn](mailto:cha-international@cha.org.cn) & zhaojie@cha.org.cn

**Note:**

**Please fill out this form and sent it to us by email before May 15.**