**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 & zhaojie@cha.org.cn

**Note:**

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