**Annex 2**

**The 7th Belt and Road Forum for** **Traditional Chinese Medicine Development Registration Form**

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| **Personal Information** | | | | | |
| Last name (English) |  | | | | Please send a pure color background ID Photo & passport page photo  to Email  (Size: 6000\*800, JPG or PNG) |
| First name (English) |  | | | |
| DOB (dd/mm/yyyy) |  | Gender | Male□ Female□ | |
| Nationality (as shown on passport) |  | | | |
| Address (including room No.) |  | | | |
| Passport Number |  | | | |
| Phone number |  | | E-Mail |  | |
| Residence |  | | | | |
| **Institution Information** | | | | | |
| Type | Government □ International Organization □ Embassy□ Company□ | | | | |
| Institution name |  | | | | |
| Institution Address |  | | | | |
| Job title |  | | Administrative  Rank |  | |
| Contact name |  | | Contact title |  | |
| Contact mobile |  | | E-Mail |  | |
| **Remarks** | 1. **Please send the filled form before August 16th to: office@yidaiyilutcm.org.cn.** 2. 2. ID Photo Requirements: Must be taken within 6 months, with a plain color background. Photo size: 600 \* 800 pixels, 80 DPI and above, not exceeding 2Mb, and in JPG or PNG format. High clarity and no Photoshop modification. Face area must be within 15%-45%.   3. You are requested to make sure all personnel information and photos submitted are authentic and valid. Failing to do so will be subject to rejection of registration.  4. Contact: Liu Kang, Mobil: +86 18801032116, Tel: +86 010-65259617, Fax: +86-010-65229517 | | | | |