附件2

Registration Information

|  |  |  |  |
| --- | --- | --- | --- |
| Given Name |  | Family Name |  |
| Gender | □ Male□ Female | Age | □ 30-□ 30～60□ 60+ |
| Country |  | Title | Prof./Capt./Dr.Mr./Ms./Student/Others  |
| Affiliation & Address |  |
| Phone | (for urgent contact only) |
| Email Address | (for ordinary contact) |
| Paper Title |  |
| Hotel Name |  |
| Check in  |  | Check out |  |

Please fill the above information and send to anc2017\_gdou@126.com before Nov. 5th.