**Registration Form for 1TH ICBC**

**Personal information**

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| Full name:  |
| Gender: | Tel: |
| Title (Prof/Dr/Mr/Ms): | Country: |
| Affiliation: |
| E-mail: |

**Scientific or technical contribution**

**1. Scientific Session（Please select one Session from 1 to 15）**

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**2. Oral Presentation**

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| Suitable for oral presentation (Please tick your choices): Yes [ ], No [ ] |
| Presentation Title: |

**3. PosterSubmission**

The poster presentation space available is 3ft wide x 4ft high, or 36in w x 48 in h (0.92m wide x 1.22m high). Dimensions are for a vertical poster.

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| Poster Submission (Please tick your choices): Yes [ ], No [ ] |

**4. Abstract Submission**

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| Abstract Title:  |
| Author(s): |
| Authors’ affiliations: |
| E-mail: |
| Abstract content |

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| **Official invitation letter requested** (please tick your choices): Yes [ ], No [ ] |

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| **Arrival date:** **Departure date:** |