

International Delegation Registration

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| --- | --- | --- | --- |
| **Key contact person for your group** | | | |
| **Surname** |  | **Given name** |  |
| **Position** |  | **Company/Organization name** |  |
| **Mobile** |  | **Telephone number** |  |
| **Email** |  | **Country** |  |
| **Website** |  |  |  |

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| **Please enter delegates’ information of your group** | | | | | | | | |
| **(Note: Fields marked with \* are required)** | | | | | | | | |
| **Attendee Name\*** | **Country\*** | **Company Name\*** | **Job Title\*** | **Telephone No. \*** | **Mobile No. \*** | **Valid Email Address\*** | **Address** | **Interested Product** |
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**Contact Us:**

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* **Please fill up the registration form and send it to evelyn.li@rxglobal.com**
* **We will confirm your registration within 3 working days.**