**International Delegation Registration**

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

|  |
| --- |
| **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** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**Contact Us:**

**For Exhibitor:**

Ms. Elaine Huang

Email: elaine.huang@rxglobal.com

Tel: +86 10 5933 9344

**For Visitor:**

Ms. Caroline Wang

Email: caroline.wang@rxglobal.com

Tel: +86 10 5933 9325

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