**APPENDIX 1. Conference Registration Form**

Please complete the following form. All fields marked with an asterisk (\*) must be completed.

|  |  |  |
| --- | --- | --- |
| Personal Information | \* Organisation/Company |  |
| Department |  |
| \*Title | Ms/Mr/Dr/Prof |
| Full Academic Title/Professional  Position |  |
| \*First & Middle Name |  |
| \*Last Name/ Family Name |  |
| \*Address |  |
| (\*) Postcode/ZIP Code |  |
| \*City |  |
| (\*) State/Territory/Province |  |
| \*Country |  |
| \*Phone |  |
| \*Email (to receive invitation  letter) |  |
| Invitation Letter | \*Do you need an invitation  letter? | Yes/No |
| Nationality |  |
| Date of Birth(dd/mm/yyyy) | /    / |
| Sex | Male/Female |
| Passport Number | Male / Female |
| Date of Issue |  |
| Date of Expiry |  |
| Conference Participation | \*Will you attend the  roundtable forum at WHITR-AP on 23th November 2019? | Yes/No |
| \*Will you attend the excursion  on 24th November 2019? | Yes/No |
| Comments / Questions | |  |

Please send the completed form to the conference organising committee before 10 Nov 2019 at dch2019@tongji.edu.cn.