**Eleventh Annual Academic Conference of WFCMS Specialty Committee of Translation**

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|  | **Registration Form** |

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| Name |  | Title |  |
| Nationality |  | Position/Professional    Title |  |
| Organization/Company |  | | |
| Tel |  | E-mail |  |
| Arrival time |  | Departure time |  |
| Flight/Train number    Date & time |  | Diet request |  |
| Hotel rooms | Standard Room □ （living alone □，sharing with another □） | | |
| Entourage | Yes □ No □ （Please supply the entourage information in the notes） | | |
| Notes | | | |