**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  |