

Registration Form, CIT2017

Pre-registration Deadline: March 1, 2017

China Interventional Therapeutics in Partnership with TCT (CIT2017)

March 30-April 2, 2017 China National Convention Center

Official CIT Registration Bureau

CIT 2017 Secretariat
CMA Meeting Planner
Chinese Medical Association
42 Dongsi Xidajie, Beijing 100710, China
MP: +86 186 1088 7968
Email: registration@citmd.com

How to Register

Please visit congress website at www.citmd.com to register online. If you have difficulties in accessing internet, you may complete the Registration & Housing Form for Individuals and send it back with full payment to the Secretariat, one registration form per participant. The CIT Secretariat reserves the right to charge the correct amount if different from the total payment listed on the registration form. If there are more than 10 participants registering in a group, please contact the Secretariat for special Registration Form(s).

Registration Procedures

Upon receipt of the Registration Form with the appropriate payment, the Secretariat will send a registration confirmation to the registrant. If you do not receive a confirmation letter from the Secretariat 6 weeks after your mailing/fax, please contact the Secretariat. Please bring the registration confirmation to the registration desk at the China National Convention Center as a proof of your payment.

Online Registration

Register online at www.citmd.com. Fill in the Credit Card Payment Authorization Form and fax to Congress secretariat at +86 10 6512 3754 to complete the online registration process. The Chinese Medical Association is not responsible for fraudulent credit card transactions.

Cancellation and Refund

Notification of cancellation must be submitted in writing before

March 1, 2017. The refund details are as follows:

Notification received

Before March 1, 2017 50 % Refund

After March 1, 2017 No Refund

On-Site Registration Schedule

The registration, tour and information desks will be located in the lobby of China National Convention Center, and will be open during the following hours:

March 29, 2017 10:00-18:00

March 30, 2017 08:00-17:30

March 31, 2017 07:30-17:30

April 1, 2017 08:00-17:30

April 2, 2017 08:00-11:30

Bank Account

Beneficiary's Banker's Name:

DengShiKou Branch, Bank of Beijing

SWIFT code: BJCNBNBJ

Account Name:

Chinese Medical Association

Account Number:

01090342701420109000210

I. Participant (Print your name as you wish it to appear on your badge)

1. Prof. Dr. Mr. Ms. Other_____

Given Name: _____ Family Name: _____

Organization: _____

Please send me an Invitation for Visa Application,

Full name on passport: _____ Sex: _____

Date of Birth: _____ Nationality: _____ Passport No.: _____

I do not need any Invitation for Visa application, thanks.

2. Please staple your business card to the Form if it reflects your correct contact information.

Otherwise, please print below:

Mailing Address: _____

City/State: _____ Zip: _____

Country: _____ Email: _____

II. Accompanying Persons or Children

	Title	Full name	Sex	Date of Birth	Nationality	Passport No.
1						
2						
3						
4						

III. Registration

	Up to March 1, 2017	After March 1, 2017	# of People	Cost
Delegate	RMB3,200	RMB3,600		
Nurse/Technologist	RMB1,600	RMB1,800		
Student	RMB2,400	RMB2,800		
Accompanying Person	RMB1,600	RMB2,000		

* Pre-registration ends on March 1, 2017. Please register on-site thereafter.

Total: _____

* A verification letter of fellow/student is required for those who wish to register in this status.

IV. Payment

All registrations must be accompanied by valid credit card information, a bank draft or a copy of Bank Remittance. The Congress will not be responsible for any bank charges.

1. Credit Card: American Express Master Card Visa JCB

Card Number: _____

ExpirationDate: _____ / _____ (mon./year) C V V: _____

Cardholder's Name (Please Print): _____

Cardholder's Signature: _____ Date: _____

* All credit card payments are subject to approximately 4% credit card surcharge.

2. Bank Draft:

Please draw a bank draft (with your full name and address indicated on the back) payable to CIT2017 and mail it with the Registration Form to the CIT2017 Secretariat.

3. Bank Transfer:

Please transfer your registration fee to the Congress Bank Account (see left).

Signature: _____ Date: _____

<http://www.citmd.com>

Please make one photocopy of this form for your own reference!