Registration Form, CIT2018
Pre-registration Deadline: March 1, 2018

China Interventional Therapeutics in Partnership with TCT (CIT2018)
March 22-25, 2018 Suzhou Jinji Lake International Convention Center (JICC)

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

1. □Prof. □Dr. □Mr. □Ms. □Other________
   Given Name:    Family Name:

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

<table>
<thead>
<tr>
<th>Title</th>
<th>Full name</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Nationality</th>
<th>Passport No.</th>
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</table>

III. Registration

<table>
<thead>
<tr>
<th></th>
<th>Up to March 1, 2018</th>
<th>After March 1, 2018</th>
<th># of People</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delegate</td>
<td>RMB3,200</td>
<td>RMB3,600</td>
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<tr>
<td>Nurse/Technologist</td>
<td>RMB1,600</td>
<td>RMB1,800</td>
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<tr>
<td>Student</td>
<td>RMB2,400</td>
<td>RMB2,800</td>
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<tr>
<td>Accompanying Person</td>
<td>RMB1,600</td>
<td>RMB2,000</td>
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</tbody>
</table>

* Pre-registration ends on March 1, 2018. Please register on-site thereafter. Total: __________________

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:_______
   Expiration Date:___/____ (mon/year)
   C V V:________

2. Bank Draft:
   Please draw a bank draft (with your full name and address indicated on the back) payable to
   CIT2018 and mail it with the Registration Form to the CIT2018 Secretariat.

3. Bank Transfer:
   Please transfer your registration fee to the Congress Bank Account (see left).
   Signature:_________________________ Date:_________________________

Bank Account
Beneficiary’s Banker’s Name: DengShiKou Branch, Bank of Beijing
SWIFT code: BJCNCNB
Account Name: Chinese Medical Association
Account Number: 01090342701420109000210

IV. Payment

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1. Credit Card:
   □American Express    □Master Card    □Visa      □JCB
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   Signature:_________________________ Date:_________________________

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