

参会人员注册登记表

Registration Form

_____ 公司(甲方) 确认参与由 (乙方) 上海玳久人
信息技术有限公司于 2020 年 6 月 16 日到 18 日在中国香港举办的亚太口腔护理
交流峰会, 以下是参与人员信息:

_____ company (Party A) confirmed its
participation in the First Asia Pacific oral care international Exchange
Summit held by (Party B) Shanghai runningtooth information
technology co., ltd from June 16th to 18th , 2020 in HongKong, China .
The following is the participants' information :

参会人员门票价格 (门票包含入场座位券, 午宴, 茶歇, 会议资料):

1000 美元 / 人 3 天, 2 人 9 折, 3 人 85 折, 5 人 8 折, 6 人及以上
7 折

350 美元 / 人, 1 天, 无折扣

700 美元 / 人, 2 天, 无折扣

Ticket prices for participants (tickets include admission tickets,
luncheon, tea break, conference materials) :

\$1000 per person for 3 days , 90% for two, 85% for three, 80% for five,
and 70% for six or more

\$350 per person for 1 day , no discount

\$700 per person for 2 days , no discount

参会人数 ----- 人

Number of participants ----- people

姓名/name	职称/title	联系电话/phone	邮箱/Email

会议详细地址在会前 3 周做提醒和通知。 望知悉。 谢谢!

The detailed address of the meeting will be reminded and notified three weeks before the meeting. Hope to know. Thank you!