

Registration Receipt Form for the GHWP (Guangzhou)
Academy 2024 Second Phase Training

Organization Name					
Organization Type	<input type="checkbox"/> Regulatory Authority <input type="checkbox"/> Industry <input type="checkbox"/> Research Organization <input type="checkbox"/> Higher Education Institutions <input type="checkbox"/> Society & Association <input type="checkbox"/> Others _____				
Address					
Name	Mobile	ID card No.	Gender	Position	E-mail
Invoicing information	Organization Name: Taxpayer's Registration Number: Invoice type:				

Notes: Please reply to the receipt form by November 16, 2024, to the conference group's email: sylviawangsfan@ibmd.org.cn/2651247614@qq.com

Conference contact: Wang Sifan 13143128423
Ma Haiwei 13632328457