# Registration Form, CIT2016

Pre-registration Deadline: February 21, 2016

China Interventional Therapeutics in Partnership with TCT (CIT2016)
**March 17-20, 2016** China National Convention Center

## Official CIT Registration Bureau

CIT 2016 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 form 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
February 21, 2016. The refund details are as follows:

| Notification received | |
|---|---|
| Before February 21, 2016 | 50 % Refund |
| After February 21, 2016 | 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 16, 2016 | 10:00-18:00 |
| March 17, 2016 | 08:00-17:30 |
| March 18, 2016 | 07:30-17:30 |
| March 19, 2016 | 08:00-17:30 |
| March 20, 2016 | 08:00-11:30 |

## Bank Account

Beneficiary's Banker's Name:
DengShiKou Branch, Bank of Beijing
SWIFT code: BJCNCNBJ
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 you r correct contact information.
Otherwise, please print below:

Mailing Address:

City/State: Zip:

Country: Email:

Tel: Fax:

(incl.country & city code)

## II. Accompanying Persons or Children

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

## III. Registration

| | Up to February 21, 2016 | After February 21, 2016 | # 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 February 21, 2016. Please register on-site thereafter.
* A verification letter of fellow/student is required for those who wish to register in this status.

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:

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 CIT2016 and mail it with the Registration Form to the CIT2016 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!