

5th China International Service Outsourcing Cooperation Conference Registration Form

Company/ Organization	Company/ Organization Full Name:			
	Address:			
	Postal Code:	City:		Country:
	Telephone Number:		Fax Number:	
	Website Address:		E-mail:	
	Number of Employees:		Year of Establishment:	
Main Business Area	<input type="checkbox"/> Information Technology <input type="checkbox"/> others _____ <input type="checkbox"/> Bio-medicine <input type="checkbox"/> Cartoon and Animation <input type="checkbox"/> Industry Design <input type="checkbox"/> Financial Services			
Business Partnership Initiative	2012 Outsourcing budget: Short description of Business Partnership Initiative or Outsourcing Project:			
Interested activities	<input type="checkbox"/> Summit Forum <input type="checkbox"/> Outsourcing One-on-One <input type="checkbox"/> Business Leader Round-table <input type="checkbox"/> Business Tour <input type="checkbox"/> Other			
Attendee Information(up to 2 complimentary rooms per company):				
No.	Name	Gender	Title	Mobile Phone
1				
2				
3				
Name:		Title:		
Contact Person				
Name:		Title:		
Email:				
Telephone:				

Remark: please enclose a description of your company introduction.