**5th China International Service Outsourcing Cooperation Conference
Registration Form**

|  |  |
| --- | --- |
| Company/Organization Information | Company/ Organization Name:  |
| Address:  |
| Postal Code: | City:  | Country:  |
| Telephone Number:  | Fax Number: |
| Website Address:  | E-mail  |
| Number of Employees:  | Year of Establishment:  |
| Main Business Area | □ Information Technology □ Industry Design □ Bio-medicine □ Cartoon and Animation □ others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Business Partnership Initiative | 2012 Estimated annual service budget :  |
| Short description of Business Partnership Initiative or Outsourcing Project: |
| Interested activities(use X to mark your choice) | □ Summit Forum □ Outsourcing One-on-One Meetings\*□ Business Leader Round-table □ Business Tour □ Other\* All overseas companies are required to attend Outsourcing One-on-One Meetings. |
| Attendee Information (up to 2 complimentary rooms per company): |
| No. | Name | Gender | Title | Mobile Phone |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| Company/Organization Contact PersonName: Title: Email:Telephone: |

Remark: please enclose a description of your company introduction (as 2nd page)
Return the filled form to kye@NAOL.CA or lianguan@acsip.org

Tel：1-647-407-6265, 1-647-299-8347