

2022年全球未来科技创新合作大会-媒体回执表

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| 中文姓名 |  | | 照片 |
| 中文姓名拼音 |  | |
| 身份证号码/港澳台通行证 |  | |
| 性 别 |  | 出生日期 |  |
| 户籍所在地 |  | 当前居住地 |  |
| 手机号码 |  | 联系邮箱 |  |
| 媒体类型 | 境内媒体□ 境外媒体□ | 媒体名称 |  |
| 所在栏目 |  | 记者类型 |  |
| 职务/头衔 |  | 工作地址 |  |
| 是否完成完整  新冠疫苗接种 | 是□ 否□ | 是否为中高  风险地区人员 | 是□ 否□ |
| 备注：  **◎防疫要求:根据北京市防疫要求，中高风险地区人员禁止参会。参会人员必须完成完整疫苗接种,才能报名参加本次活动，请参阅《参会须知》。**  ◎户籍地址、当前居住地务必填写所在的省市及具体到门牌号的地址。  ◎敬请您仔细填写回执表，承诺所填报人员信息及照片真实有效，由于信息填报错误可能产生的包括但不仅限于无法入场的后果，填报方自行承担相应的责任。  ◎请各机构在7月15日前将回执表回传至：office@gfsticc.org.cn  ◎照片要求：图片必须清晰,完整，方向正确,不能带标记；jpg或png格式，文件大小不能超过500kb；图片必须清晰,完整，方向正确，不能带标记或其他网站logo； 请上传1寸标准证件照（蓝底或白底)。**照片需单独命名并和回执表一起发送至上述邮箱。**  ◎联系人：梁栎杉  13810231872  010-65255630   传真：010-65229517 | | | |

**Registration Form of 2022 Global Future Science and Technology Innovation Cooperation Conference**

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| Last Name |  | | Photo |
| First Name |  | |
| Passport No. |  | |
| Sex |  | Date of Birth |  |
| Mobile |  | Administrative Level |  |
| Company/Organization (full name) |  | Job Title |  |
| Contact Person |  | Tel. |  |
| Email Address |  | Whether to participate in the exhibition | Yes 🞏 No 🞏 |
| Fully Vaccinated against COVID-19 | Yes 🞎 No 🞏 | Have you visited medium-high risk area of the pandemic? | Yes 🞏 No 🞏 |
| Note：  **◎** **Pandemic prevention requirements: According to the pandemic prevention requirements, participants must be fully vaccinated against COVID-19 before signing up for the conference. For further information, please refer to *Notes to Participants*.**  ◎ Please fill in the registration form carefully with authentic and valid information. The filling party shall be accountable for the possible consequences including but not limited to failure of admission due to incorrect information.  ◎ Please send the filled form before July 15th to: office@gfsticc.org.cn  ◎ Photo requirements：The photo provided must be clear and taken in full-face view directly facing the camera without marks or logo; in JPG or PNG format within 500kb. Please upload 1-inch standard ID photo (blue or white background). **The photo should be individually named and sent to the above email address together with the registration form.**  ◎ Contact Person: Liu Kang, Mobil: 18801032116, Tel: 010-65255630 Fax: 010-65229517 | | | |