# ICSHMIM2024 Pre-registration Form

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | Sex | |  | Professional Title | | |  |
| Affiliation |  | | | | | | | |
| Correspondence Address | Detailed Address:  Postal Code: | | | | | | | |
| Contact Number | Telephone:  Mobile: | | | | | E-mail |  | |
| Itinerary | Arrival Time:  Departure Time: | | | | | | | |
| Accommodation | Whether to stay at Royal Garden Hotel: | | | | □Yes | | | □No |
| Room Reservation (480 RMB/room/night): | | | | □Twin Room | | | □Single Room |
| Whether to share a room with other participants: | | | | □Yes | | | □No |
| Intended Roommate: | | |  |
| Conference Communication Type | Communication Type: | | □ Oral Presentation  □ Poster  □ N/A | | | | | |
| Abstract ID: | |  | | | | | |
| Invoice Details | Invoice Details: | |  | | | | | |
| Organization: | |  | | | | | |
| Name: | |  | | | | | |
| Address: | |  | | | | | |
| Postal Code: | |  | | | | | |
| City: | |  | | | | | |
| Country: | |  | | | | | |
| Email: | |  | | | | | |
| Other Requests |  | | | | | | | |

\* Please return the filled-in form to [icshmim2024@163.com](mailto:icshmim2024@163.com) by 30/09/2024.