# 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 by 30/09/2024.