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

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 Person  Name: Title:  Email:  Telephone: | | | | | | | |

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

Tel：1-647-407-6265, 1-647-299-8347