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| **REGISTRATION FORM** |

Complete the attached registration form and return with the payment proof to **reg\_grrec2024@163.com**.

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| **Participant’s Information** | | | | | |
| Salutation: | 🞏 Professor 🞏 Doctor 🞏 Mr. 🞏 Ms. | | | | |
| Surname: |  | Given Name: | | |  |
| Position: |  | Department: | | |  |
| Institution: |  | | | | |
| Mailing Address: |  | | | | |
|  |  | | Country: |  | |
| Tel: |  | |  |  | |
| Email: |  | | | | |
| Participation type: | **☑** Competition (GRREC) | | | | |
|  |  | | | | |
| **Add other participants’ information** | | | | | |
| Salutation: | 🞏 Professor 🞏 Doctor 🞏 Mr. 🞏 Ms. | | | | |
| Surname: |  | Given Name: | | |  |
| Position: |  | Department: | | |  |
| Institution: |  | | | | |
| Mailing Address: |  | | | | |
|  |  | | Country: |  | |
| Tel: |  | |  |  | |
| Email: |  | | | | |
| Participation type: | **☑** Competition (GRREC) | | | | |
|  |  | | | | |

**Registration Fee**

Please tick in the appropriate box(es) in the table below.

|  |  |  |  |  |  |
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| **i-CREATe2024 & WRRC2024 Conference Registration Fees** | | | | | |
|  | | CNY/per team | | USD/per team | |
|  | | Regular | Please tick (√) | Regular | Please tick (√) |
| **GRREC2024** | **Participating Team (up to 3 team members)** | 1600 |  | 230 |  |
| **Participating Team (up to 5 team members)** | 2400 |  | 340 |  |
| Remark: These registration fees include VAT 7%，with board and lodging excluded. | | | | | |
|  | | | | | |

**Payment Information**

Please provide your payment proof in the space below.

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