

The 18<sup>th</sup> International Conference on  
Arabidopsis Research  
June 20-23, 2007  
**Invited Speaker Registration Form**

Please type or write clearly in block letters and check boxes where appropriate.

This Registration Form is for one invited speaker only and his/her accompanying person(s).

You are kindly requested to send the form to the following person (**email or fax recommended:**)

Ms. Zhao Huan,

China Comfort Travel Group Co., Ltd.

12th Floor, Jingchao Plaza , No.5, Nongzhanguan Nanlu Beijing, 100026, China

E-mail: [zhaohuan@cct.cn](mailto:zhaohuan@cct.cn)

Fax: +86 10 65301683

Tel: +86 10 65956417

Receipt Date:	Confirmation Date:	Reg. Number:
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▲ **For staff use only**

**Basic Information for Invited Speaker**

Title:   ☐ Prof.   ☐ Dr.   ☐ Mr.   ☐ Mrs.   ☐ Ms.

First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Last name: \_\_\_\_\_

Indicate how you would like your name to appear on the conference badge (e.g. Dr. Mark Smith, Ms. Yan Fu, Sonia Redy) \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Nationality: \_\_\_\_\_

Name(s) of accompanying person(s): *(note that invited speakers are provided with one room that they may share with family members/accompanying persons at no charge. Additional rooms must be paid for personally. Meals for accompanying person(s) must also be paid personally.)*

#1 (first, last name) \_\_\_\_\_

☐ Meals at conference RMB960 (~US\$120 per person)   ☐ No Meals Included

#2 (first, last name) \_\_\_\_\_

☐ Meals at conference RMB960 (~US\$120 per person)   ☐ No Meals Included

#3 (first, last name) \_\_\_\_\_

☐ Meals at conference RMB960 (~US\$120 per person)   ☐ No Meals Included

Special dietary restrictions of invited speaker (e.g., lacto-ovo vegetarian, vegan (no animal products etc):

*(Optional: Dietary Restrictions for accompanying person(s))*

Restrictions for accompanying person #1 \_\_\_\_\_

Restrictions for accompanying person #2 \_\_\_\_\_

Restrictions for accompanying person #3 \_\_\_\_\_

## Hotel Reservation

Check in date: \_\_\_\_\_ Check out date: \_\_\_\_\_ # of Room(s): \_\_\_\_\_ Total Nights: \_\_\_\_\_  
Arrival time (at airport): \_\_\_\_\_ Date: \_\_\_\_\_ Flight Number/airline: \_\_\_\_\_

### Special Needs:

Other Notes?

- ☐ Smoking room ☐ Non-Smoking room  
☐ Extra bed ☐ Handicap-equipped room

**Summary of Additional Charges for accompanying persons who are NOT attending the conference- if they wish to attend the conference sessions they must register separately for the meeting.**

### Optional Meals for Additional Accompanying Person(s)

Name 1 \_\_\_\_\_ (RMB960) (~US\$120 per person) ☐  
Name 2 \_\_\_\_\_ (RMB960) (~US\$120 per person) ☐  
Name 3 \_\_\_\_\_ (RMB960) (~US\$120 per person) ☐

### Optional extra room for person(s) accompanying invited speaker:

Single Room (RMB550) (~US\$69 per night) ☐  
Double Room (RMB590) (~US\$74 per night) ☐

**Subtotal (Please add fees for any extra room and meals):** \_\_\_\_\_ **RMB ¥**

## Payment Options

☐ **Credit Card** (The payee is China Comfort Travel Group Co., Ltd. Payment by credit cards will be charged in RMB and a 4% service fee will be charged to your card. *A clear copy of both sides of the credit card should be included with this form.*)

Payment by ☐ Visa ☐ Master card ☐ American Express

RMB ¥ (Subtotal from above) \_\_\_\_\_ × 1.04 = RMB ¥ \_\_\_\_\_ **Grand Total for Credit**

### Card Charge (including the 4% credit charge fee)

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (mm/yy)

Name on card (print or type):

Signature of Card holder (print or insert electronic signature):

*(Signature authorizes charge and acknowledges cancellation policy- see conference website for details)*

☐ **Bank Telegraphic Transfer** (Bank charges vary by bank and will be paid by the participant)

I have remitted the amount from my bank \_\_\_\_\_ (bank name) on \_\_\_\_\_ (mm/dd/yy)

Payable in US dollars to the following account:

Account No: 00100016908091014

The payee is China Comfort Travel Group Co., Ltd.

Bank Address: The Bank of China, Head Office

Swift Code: BKCHCNBJ

1 Fuxingmen Nei Dajie, Beijing 100026, China.

**\*\*Please write "Arabidopsis" and the registrant's name in the transfer message\*\***

**Please fax a copy of your remittance invoice or receipt together with this form to:**

Ms. Zhao Huan +86-10-85951128

**Please make one photocopy of this form and keep for your own reference**

**Official website: [www.arabidopsis2007.com](http://www.arabidopsis2007.com)**

**Alternate site (TAIR-hosted, forms and information): [www.arabidopsis.org/portals/masc/ICAR2007.jsp](http://www.arabidopsis.org/portals/masc/ICAR2007.jsp)**