

## Registration For The 3rd AWMS

Name		Gender	
Institute			
Title			
Contact	Email Address		
	Phone Number		
	Mailing Address		
Presentation		<input type="checkbox"/> No	<input type="checkbox"/> Poster <input type="checkbox"/> Oral
Title of Presentation			
Need help for visa?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accommodation			
Date of Arrival		Date of Departure	
Preferred Hotel			
Share Room with a Colleague ?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Preferred Roommate			

**Notes:**

1. Title of your presentation can be sent later through e-mail.
2. Please send a copy of your passport to AWMS2019@ustc.edu.cn if you need our help for visa.
3. We will order these hotels for you in advance, if there are any changes, please e-mail to us before 02/20/2019.