**The 11th International Symposium on Emerging Viral Diseases**

**Registration Form**

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| --- | --- | --- | --- | --- | --- |
| Name |  | Gender |  | Organization |  |
| Position |  | Mobile Phone No. |  | E-mail |  |
| Passport or Identity No. |  | | | | |

Note: Please complete the participant's registration form and return it to the secretariat (zhanghan@wh.iov.cn) before September 19th.