**International Delegation Registration Form**

**Key contact person for your group**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Given name |  |
| Position |  | **Company/Organization name** |  |
| Mobile |  | **Telephone number** |  |
| Email |  | **Country** |  |
| Website |  |  |  |

**Please enter delegates' information of your group**

(Note: Fields marked with \* are required)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Attendee name\* | Country\* | Company name\* | Job title\* | Tel No.\* | Mobile No.\* | Email\* | Address | Interested product |
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* Please fill up the registration form and send it to vivienne.feng@rxglobal.com
* We will confirm your registration within 3 working days.

Contact Us:

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