

2017 Hotelex Trade Mission  
March 26-April 2, 2017

**PARTICIPATION INFORMATION & COMPANY PROFILE**

**PERSONAL INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
(As it appears on your passport)

DOB: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Passport Number: \_\_\_\_\_  
(Month, Day, Year)

Passport Expiration Date: \_\_\_\_\_ Do you already have Chinese Visa:  Yes  No  
(Month, Day, Year)

Please indicate any special needs: \_\_\_\_\_

**ORGANIZATIONAL PROFILE**

Name of Business Organization: \_\_\_\_\_

Your Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**PAYMENT INFORMATION**

Method of payment:

Credit Card

Credit/Debit Card Type:

- American Express  
 MasterCard

- Visa  
 Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(Month, Year)

Security Code: \_\_\_\_\_ Total Amount Charged: \$ \_\_\_\_\_

Billing Address (as provided to issuing bank): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*By signing this form, cardholder acknowledges receipt of services described above for the total amount shown and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.*

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send this form back to Henan Li Email: [hli@calasiancc.org](mailto:hli@calasiancc.org)  
**FOR OFFICE USE ONLY:**

Date received: \_\_\_\_\_ Approved by: \_\_\_\_\_