

## CONFERENCE REGISTRATION FORM

By sending in this registration form, I acknowledge that I commit myself to the immediate payment of the full conference fee. I have taken notice of the cancellation terms on this form.

Date:	_____
How did you learn about the Conference?	
_____	
1.Name	_____ * (Please print your name as you wish it to appear on your badge and the directory of participants)
2.Title	_____
3.Organization	_____ * (Please print company name exactly as you would like it to appear on all event material.)
4.Address	_____ *
5.City/State/Zip	_____ *
6.Telephone	_____ *
7.Fax	_____
8.E-mail	_____ *
9.Cell Phone	_____
10.Age	<input type="checkbox"/> under 30 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> over 60
11.Education	<input type="checkbox"/> high school <input type="checkbox"/> BA/BS <input type="checkbox"/> MA <input type="checkbox"/> Ph.D
12.Marital Status	<input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> divorced
13.Children in Household	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Organization Information</b>	
14. Organization Description	
_____	
15.Form of Business	<input type="checkbox"/> Corporation <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership
16. Number of Employees	_____
17. Annual Gross Revenue	_____

18. Type of Business	_____		
19. Date Established	_____		
20. What connection does the organization wish to establish and achieve in this conference?			
<input type="checkbox"/> Raising Capital <input type="checkbox"/> Joint Venture <input type="checkbox"/> Establish Franchise/Chain <input type="checkbox"/> Finding Retailers <input type="checkbox"/> Licensee <input type="checkbox"/> Merger/Acquisition <input type="checkbox"/> Strategic Alliance <input type="checkbox"/> Exporting			
<b>I would like to Participate in the Following Programs:</b>			
The Full Conference Pass includes admission to 3-day conference sessions, lunches, happy hours, Award Gala and registration materials. Cost of lodging and transportation, Optional Trade Mission Tours, Pre-conference Match making service, Presentation during Business introduction session, and VIP translation/interpreter service are additional.			
		Before August 25, 2007	After August 25, 2007
<input type="checkbox"/>	3-day Full Conference Pass For September 26 to 28, 2007	\$500	\$600
<input type="checkbox"/>	Pre-conference Match Making ( <a href="#">Separate Application Required</a> )	\$500	N/A
<input type="checkbox"/>	Business Introduction Session Presentation(Separate Application Required)	\$200	\$300
<input type="checkbox"/>	VIP Translation/Interpreter Service	Pricing Upon Request	Pricing Upon Request
<input type="checkbox"/>	Discount for ACBWA Full Members	10% OFF each service item	10% OFF each service item
<input type="checkbox"/>	Special Promotion Discount for WBENC, WPO, and NAWBO members	5% OFF each service item	5% OFF each service item
<input type="checkbox"/>	Exhibiting ( <a href="#">details</a> )	<input type="checkbox"/> Corporate - \$500 each <input type="checkbox"/> Non-profit/Government - \$300 each <input type="checkbox"/> Women Business - \$250 each	

<input type="checkbox"/>	Advertising <a href="#">(details)</a>	<input checked="" type="checkbox"/> Full Page - \$1000 <input checked="" type="checkbox"/> Half Page Horizontal - \$500
<input type="checkbox"/>	Trade Mission <a href="#">(details)</a>	<input checked="" type="checkbox"/> Individual - \$4000 <input checked="" type="checkbox"/> Companion - \$2600

\* America-China International Foundation will also have two optional full service travel and trade mission packages available (10 days and 15 days), which will include domestic airfare and inter-city ground transportation within China; airport transfers; hotel accommodations, and most meals; business meetings with local government organizations and industry leaders; site visits to economic zones and local companies; and escorted tours of selected cultural attractions in visiting cities.

**Total fees: \$ 0 ---0 ---0**

**Method of Payment:**

Make checks payable to America-China International Foundation, and mail payment to 932 Hungerford Drive, Ste#25a, Rockville, MD 20850.

Charge to my

Credit Card Type	_____
Card Number	_____*
Expiration Date:	_____
Name on card	_____*
Billing Address	_____*
Billing City/State/Zip	_____*

**Special Needs:**

Meal Preference:  Kosher  Vegetarian  Other

**Special Assistance:**

Wheelchair  Hearing Impaired  Seeing Eye Dog

Other \_\_\_\_\_

### **Additional Instructions**

**Deadlines:** Early Bird Discounted registration must be electronically submitted, faxed or mailed no later than August 25, 2007. Please use one form per person. If you experience problems registering, please contact the America - China International Foundation at 301-424-5978.

**Payment Information:** Registration forms must be accompanied by full payment in order to be processed. Incorrect credit card numbers and declined credit are considered non payments and registration will not take place and you will be notified. No registrations will be accepted by telephone.

**Refund policy:** The Conference Office should be notified of cancellations by mail or fax only.

If the Conference Office receives cancellations prior to August 25, 2007, the total payment will be refunded. After August 25, 2007 no refunds will be made. Please note that refunds will only be made after the conference. "No shows" are non-refundable and are liable for the full registration. If you cannot attend, you may send a substitute person. The original registrant must submit a written authorization for a substitute person to gain admittance.

**Confirmation:** Please allow up to 10 days for mailed confirmation of your registration.