**REGISTRATION Form – WCEMNT 2025**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Participants Information** | | | | | | | | | | | | |
| Full Name |  | | | | Nationality | | |  | | Sex |  | |
| Organization |  | | | | | | | Position/Title | |  | | |
| Full Address |  | | | | | | | | | | | |
| E-mail |  | | | | | | | Contact Phone | |  | | |
| **Category** | | | **Unit Price** | | | | | | **No. of participants** | | **Total(USD)** | |
| **Registration Fees**  Early Price:  ~ 15 October 2025  Standard Price:  16 October –  20 November 2025  \* Based on the remittance date | | | **Participants** | | | **Student/Retiree** | | | **/** | | **/** | |
| Early-460 USD | | | Early-230 USD | | | 0 | |  | |
| Standard-550 USD | | | Standard-275 USD | | | 0 | |
| **Total Fees（USD）:** | | | | | | | | | | |  | |
| **Payment:** | | | | | | | | | | | | |
| **Payment Method：** | | **Online Payment  Credit Card** | | | | | | | | | | |
| Account Information | | | ACCOUNT HOLDER：Beijing Yantai International Convention and Exhibition Co., Ltd  ACCOUNT NO.：9550 8802 3668 1100 176  COMPANY ADDRESS：611, 6th Floor, Building 5, Yard 2, Jiangmidian Street, Tongzhou District, Beijing, China  OPENING BANK：CHINA GUANGFA BANK, H.O.  SWIFT CODE：GDBKCN22  BANK ADDRESS：No. Jia2 East Chang’an Avenue, Dongcheng District, Beijing 100005 P.R. China | | | | | | | | | |
| Note: 1. Please indicate “WCEMNT 2025 – Name” when remitting.  2. The payment should be done **before October 31st** if remitting by bank transfer.  3. Card payment method is only available on - site during conference registration. | | | | | | | | | | | | |
| **Hotel Reservation (Xiamen Wutong Fliport Hotel, No. 2496, Huandao East Road, Xiamen, China) :**  Please fill below table if you need the WCEMNT secretariat to reserve the hotel room for you. | | | | | | | | | | | | |
| Contact Name | | | | |  | | | Contact phone | |  | | |
| Type of room | | | | | King room (70 USD/night with one breafast) No. of Room: | | | | | | | |
| Twin room (75 USD/night with two breafasts) No. of Room:  Roommate's Full Name (if required): | | | | | | | |
| Check-in Date | | | | |  | | | Check-out Date | |  | | |

**★ Please fill in and send to email:** [**conference@wcemnt.com**](mailto:conference@wcemnt.com) **and CC to** [**secretariat@wcemnt.com**](mailto:secretariat@wcemnt.com)**.**