



Service Outsourcing Business Match-making Meeting Registration Form

Company/ Organization	Company/ Organization Full Name:			
	Address:			
	Postal Code:	City:	Country:	
	Name of Contact Person:		Title:	
	Website Address:		E-mail Address:	
	Telephone Number:		Fax Number:	
Company Introduction	(please enclose a description of your company introduction)			
Industry	<input type="checkbox"/> Information Technology <input type="checkbox"/> Bio-medicine <input type="checkbox"/> Cartoon and Animation <input type="checkbox"/> Industry Design <input type="checkbox"/> Financial Service <input type="checkbox"/> Others _____			
Outsourcing project	(please enclose a description of your project introduction)			
Business Partnership Initiative	2012 Estimated service Outsourcing budget:			
	Short description of Business Partnership Initiative:			
Other interested activities	<input type="checkbox"/> Outsourcing Summit <input type="checkbox"/> Round-Table Meeting <input type="checkbox"/> Other _____			
Attendee Information:				
No.	Name	Gender	Title	Mobile Phone
1				
2				
3				
Name:		Title:		
Signature		Date and place		

Please return this form before May 15, 2012.