

Visa application

DEADLINE: 2011-9-29

PLEASE RETURN THIS FORM TO:

Shell zhao
ISMD Dept.
Reed Sinopharm Exhibitions
Tel: +86-10-84556692
Fax: +86-10-82022922
E-mail: weilin.zhao@reedsinopharm.com
Web site: www.apichina.com.cn

◆ Some exhibitors/visitors will need a visa to enter China. Please complete this form and return to us before the deadline. A formal invitation letter will be sent to you for your visa application.

◆ Please PRINT your information blow clearly. For more requests, please photocopy this form.

Company Information:

Company Name: _____ Stand No.: _____
Address: _____
Tel: _____ Fax: _____
E-mail: _____ Contact name: _____

APPLICANT 1

First Name: _____ Surname: _____
Gender: _____ Date of Birth: _____
Passport No. _____ Nationality: _____
Position: _____ Duration of Stay: _____

APPLICANT 2

First Name: _____ Surname: _____
Gender: _____ Date of Birth: _____
Passport No. _____ Nationality: _____
Position: _____ Duration of Stay: _____

Signature: _____
Print Name: _____
Date: _____