**Registration form of FPS12**

|  |  |
| --- | --- |
| First Name, Last Name |  |
| Chinese Name |  |
| Gender |  |
| Email |  |
| Phone Number |  |
| Institute |  |
| Title | (professor/associate professor/postdoc/student) |
| Date of arrival (mm/dd/yyyy) |  |
| Date of departure (mm/dd/yyyy) |  |
| Accompany person (not participant) |  |
| Share room with another participant |  |
| Talk Title (if planning to give a talk) |  |
| Abstract |  |

Please send Registration form to [jiangjinchen@bao.ac.cn](mailto:jiangjinchen@bao.ac.cn) (Dr. Jinchen Jiang)**.**