

FREE Exhibition Visitor Admission Form

Submit this completed form by August 14, 2007 to pre-register and collect your badge on-site at the registration counter.

ELECTRONICALLY

www.medtecchina.com

Do not also fax or mail.

FAX

Shanghai Office: +86 21 6256 2369
Hong Kong Office: +852 2960 1830

Do not also mail or register online.

MAIL this completed form in an envelope to MEDTEC China c/o e21Magicmedia

No. 22, 605 Lane West of Beijing Road
Shanghai, 200041, China

Room 904-907, 9/F
248 Queen's Road East
Wanchai, Hong Kong

Do not also fax or register online.

One form per registrant. Please photocopy for multiple registrants.

No one under age 18 is permitted in the exhibition halls or conference rooms. Show management reserves the right to refuse registration.

Please fill in the information below in **BLOCK**-style letters. All fields are required.
If you prefer, attach a name card/business card to fill in section 1, and mail in an envelope.

1

SA

Title Mr. Mrs. Ms. Dr. Prof. Other _____
(please specify)

Family Name _____ First Name _____

Job Title/Position _____

Company Name _____

Address _____

City _____ ZIP/Postcode _____

Province/State _____ Country _____
(if applicable)

Tel: Country Code _____ Area Code _____ Number _____
(if applicable)

Fax: Country Code _____ Area Code _____ Number _____
(if applicable)

E-Mail _____

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Please describe your company's business (✓ all that apply):

- 1. Original Equipment Manufacturer (OEM) of medical devices
- 2. Subcontractor or contract manufacturer of medical devices
- 3. Distributor of medical devices

Please check here to receive more information on the MEDTEC China conference.

What is your primary job function? (✓ one):

- 1. Product design engineering (including design & engineering management)
- 2. Project engineering (including project engineering management)
- 3. R&D
- 4. Production/Manufacturing (including production/manufacturing management)
- 5. Process engineering (including process engineering management)

- 6. Procurement/Specifying/ Materials management/ Inventory control
- 7. QA/QC
- 8. Regulatory/Legal affairs
- 9. General/Corporate management
- 10. Marketing
- 11. Sales
- 12. Consultant
- 13. Packaging engineer
- 14. Other _____

(please specify)

What is your company's primary end product? (✓ one):

- 1. Anesthesiology and pulmonary medicine
- 2. Cardiovascular
- 3. Dental
- 4. Ear/Nose/Throat
- 5. General (general hospital and personal use)
- 6. In vitro diagnostics
- 7. Neurology
- 8. Obstetrics and gynecology
- 9. Ophthalmic
- 10. Orthopedics
- 11. Physical medicine
- 12. Radiology
- 13. Surgery

I would like to receive follow-up information in the following language: English Chinese

Are you a subscriber to *China Medical Device Manufacturer (CMDM)* magazine? Yes No

Do you wish to receive/continue to receive *CMDM* free? Yes No

Signature _____ Date: _____