REGISTRATION FORM

**Send to:** [**CIP-AsiaBlightContact@cgiar.org**](mailto:CIP-AsiaBlightContact@cgiar.org)  
(Must be in English (use Pinyin)

First name:

Last name:

Gender:

Position-Title:

Organization Name:

E-mail:

Telephone:

Address of the organization:

Is your organization a Private organization?

Is your organization a Non-for profit?

Are you a company representative?

Are you a student or scholar?

Do you need a Fapiao/Invoice? Address for Fapiao/Invoice and delivery address if different

Do you have food restrictions/allergies?

Will you have an accompanying person?

Will the accompanying person participle to the 26th companion program?

What are your expectations for the AsiaBlight International meeting?

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