附件1 **APPENDIX 1**

**国际健身气功联合会会员代表大会预报名表**

**INTERNATIONAL HEALTH QIGONG FEDERATION GENERALLY ASSEMBLY**

**PRE-REGISTRATION FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 国家/地区  Country/region | |  | | |
| 合作组织名称  Organization | |  | | |
| 领队姓名  Team Leader | |  | 联系方式  Contact Info |  |
| 1 | 参加大会总人数  Number of all participants | | * 1 □ 2 | |
| 2 | 预定房间情况  Accommodation requirement | |  | |

注：此表于2020年5月31日前分别填报至国际健身气功联合会。

**Note:** Please send the form to the IHQF before May 31, 2020

填报人/盖章Signature of Person-in Charge/Seal：

填报时间Date：

联系方式Tel： E-mail：

附件2 **APPENDIX 2**

**国际健身气功联合会会员代表大会报名表**

**INTERNATIONAL HEALTH QIGONG FEDERATION GENERALLY ASSEMBLY**

**REGISTRATION FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 会员协会名称  ASSOCIATION NAME | |  | | | |
| 参会代表1  **REPRESENTATIVE A** | | | | | |
| 姓名  NAME | 性别  SEX | 联系电话  MOBILE NO. | 航班/车次信息FLIGHT/TRAIN INFORMATION | | |
| 抵达ARRIVAL | 返程DEPARTURE | |
|  |  |  |  |  | |
| 住宿要求  ROOM TYPE | □双人间DOUBLE ROOM  （推荐同伴PREFERABLE ROOMMATE ） | | | | □单间SINGLE ROOM |
| **参会代表2 REPRESENTATIVE B** | | | | | |
| 姓名  NAME | 性别  SEX | 联系电话  MOBILE NO. | 航班/车次信息FLIGHT/TRAIN INFORMATION | | |
| 抵达ARRIVAL | 返程DEPARTURE | |
|  |  |  |  |  | |
| 住宿要求  ROOM TYPE | □双人间DOUBLE ROOM  （推荐同伴PREFERABLE ROOMMATE ） | | | | □单间SINGLE ROOM |
| **备注 EXPLANATION** | | | | | |
| 1. 每个协会只可指定最多两名会议代表。Each association may send a maximum of two representatives. 2. 请于2020年7月15日前将以上信息反馈至国际气联。Deadline for submission: 15 July 2020.   Contacts电话：008610-87187160；EMAIL: [headoffice@ihqfo.org](mailto:headoffice@ihqfo.org)   1. 如需接送站，请将抵离信息填写完整。我们将在交流比赛大会组委会允许的接送范围内提供帮助。   Should you need picking-up service please write down full information of your trip. We will provide assistance as much as permitted by the Organization Committee. | | | | | |

**填表人签字/盖章Signature： 日期Date：**