**PERSONAL INFORMATION SHEET for VISA**

Please fill out the form and send back to office@aapchs.org

|  |  |  |
| --- | --- | --- |
| 1. | **Title** | [ ] Prof. [ ] Dr. [ ] Mr. [ ] Ms |
| 2. | **First Name** |  | **Middle** |  | **Family Name** |  |
| 3. | **First Name in Chinese character** |  | **Family Name in Chinese character** |  |
| **ATTENTION!! Your name has to be exactly same as on your passport.** |
| 4. | **Affiliation** |  |
| 5. | **Department** |  |
| 6. | **Occupation** |  |
| 7. | **Gender**  | [ ] Male [ ] Female | 8. | **Birth of Date** Year/Month/Date/ |  |
| 9. | **Nationality** |  | 10. | **Age** |  |
| 9. | **Mailing Address** | [ ] Office [ ] Home Note: We’ll send the documents to this address. |
| 10. | **Postal Code** |  |
| 11. | **Tel** |  |
| 12. | **Fax** |  |

**ITINERARY**

Please fill out your itinerary as letter in red (example) including your flight information. If you don’t book a flight yet, just tentative schedule is fine.

|  |  |  |  |
| --- | --- | --- | --- |
| **Arrival**  | **Flight No.:** | **Date:** | **Time:** |
| **Departure** | **Flight No.:** | **Date:** | **Time:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Activity Plan** | **Contact** | **Hotel** |
| 6th July, 2023 | Arriving at Haneda, move to Yokohama | Cell Phone No.  | Name and phone number of hotel where you plan to stay |
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**Asian Association for Pediatric and Congenital Heart Surgery (AAPCHS)**

**Head Office Secretariat**

**E-mail** **office@aapchs.org**