

Registration for Language Exchange 2015

Shanghai, China

(Please type or write in capitals)

Family Name	
First Name	
College	
Email	
Male/Female. (Please circle one)	MALE FEMALE
Date of birth	
Nationality	
Country where you were born	
City where you were born	
Passport Number	
Department within University	
Subject studied within Department	
Year	
Please circle/highlight one	Undergraduate Postdoc PhD MPhil
Chinese language level. (Please circle/highlight one)	None Low Beginner Beginner Intermediate Advanced
Emergency contact and phone number	
I commit to attending all scheduled activities whilst on the trip. (please sign)	

For Office Use Only

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