

Shanghai Vision Expo & Meeting Solutions Co., Ltd

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This form must be returned by
21 August 2017
 Fax: +86 21 5481 6032

Please supply information as listed below for Exhibitors who need an invitation letter to support their application for a visa. Accurate information is essential. Full details must be clearly typed.

| | |
|--|--|
| Invitation Letter Administration Fee: US\$ 25.00 per person | |
| Company Name: _____ | |
| Address: _____ | |
| Telephone: _____ | Fax: _____ |
| Surname: _____ | First Name: _____ |
| Sex: _____ | Nationality: _____ |
| Passport No: _____ | Place & Date of Birth: _____ |
| Date of Arrival: _____ | Occupation: _____ |
| Date of Departure: _____ | Country/ City of Embassy where you would like to apply visa: _____ |

Payment Method (By Credit Card): **Visa** **Master**

Credit Card No.: _____ Expiry Date: _____ (MM/YY)

Security Code: _____ (Printed on the signature side of the credit card, the last 3 digits after the credit card number)

Name of Card Holder: _____ Amount: US\$ _____

Cardholder's Signature: _____ Date: _____

- Procedures:**
1. Please make photocopies of this Form if more than one applicant requires visa invitation letter.
 2. Please fill in the application form in capital letters or type and return it to Shanghai Vision Expo & Meeting Solutions Co., Ltd as soon as possible, and they will proceed your visa invitation letter immediately.
 3. Once approved, Shanghai Vision will send you an invitation letter by fax or mail. Shanghai Vision will debit your credit card accordingly.
 4. Please take this invitation letter together with your passport to your embassy or consulate to apply visa.
 5. Your embassy or consulate may have an additional charge for their paperwork.

Attention:
 Please be reminded that all applicants' passports must be valid for at least **SIX MONTHS** beyond the intended date to enter China or any other destination.

Company Name: _____ **Booth No:** _____

Contact Person: _____ **Job Title:** _____

Tel: _____ **Fax:** _____ **Email:** _____

Authorised Signature: _____ **Date:** _____