Please return this form to:

Shanghai Vision Expo & Meeting Solutions Co Ltd Attn: Mr. Lucien Chen

- Tel: +86 21 5481 6051 / 54816052 *802
- Fax: +86 21 5481 6032

Email: invitation@shanghai-vision.com

This form must be returned by

8 August 2018

Via Online System / Email

Please provide information as listed below for the people who need invitation letter for a visa application. Accurate information is required. Full details must be clearly typed in capital letters.

Company Name:			
Address:			
Telephone:		Fax:	
Surname:		First Name:	
Gender:	Nationality:	Date of Birth:	
Passport No:		Job Title:	
Date of Arrival:		Date of Departure:	
Will you apply Ch	inese visa in your state of nati	onality?	
If not, please spe	cify in which country you will s	ubmit your visa application.	

APPLICATION FEE: USD 25 PER PERSON

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 Ho	lder:				Amount:	USD	

Cardholder's Signature:

Date:

*All the invitation letter will only be processed with full payment of the application fee. **Remarks:**

- ♦ Please make photocopies of this Form if more than one applicant requires visa invitation letter.
- Please fill in the application form in capital letters or type and return it to us as soon as possible, and we will proceed your visa invitation letter immediately.
- ♦ Once approved, we will send you an invitation letter by fax or email and debit your credit card accordingly.
- ♦ Please take the invitation letter together with your passport to your embassy or consulate to apply visa.
- ♦ 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 <u>SIX MONTHS</u> beyond the intended date to enter China or any other destination.

PLEASE SEND THIS APPLICATION FORM TOGETHER WITH YOUR PASSPORT COPY

Company:	Booth No:	
Contact:	Title:	
Tel:	Fax:	
Email:	Date:	