# Registration Form for Committee Members of ICNAME

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| Information of the Member | | | |
| Official Name |  | | |
| Address |  | | |
| Country |  | | |
| Nature of the Enterprise |  | | |
| Representative | Name |  | |
| Department |  | |
| Position |  | |
| Phone Number |  | | |
| E-mail Address |  | | |
| Fax |  | | |
| Website |  | | |
| Introduction:  (Please introduce your institution’s major works in the field of naval architecture, ocean and marine engineering. Additional sheets of paper can be attached for more space. ) | | | |
| International Alliance for Innovation and Cooperation of Naval Architecture, Ocean and Marine Engineering（ICNAME）  Signature (Chairman)：  Date： | | | Committee Member  Signature：  Date： |