# 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 MemberSignature： Date：  |