

**Registration Form**  
**2009 Chinese-speaking Perfecting Training**  
**二〇〇九年华语成全训练报名表**

Berkeley, California 加州 柏克利

July 31 to August 3, 2009 二〇〇九年七月三十一日至八月三日

Online Registration 网上报名: [www.mswe1.org/onlinereg](http://www.mswe1.org/onlinereg)

English Name: _____		<input type="checkbox"/> Br 弟兄 <input type="checkbox"/> Si 姊妹 Birth Year 出生年: 19 __ __	
Last	First	Birth Place 出生地: _____	
中文姓名: _____		Phone1 电话 1: (     ) _____	
Address 地址: _____		Phone2 电话 2: (     ) _____	
_____		Baptized Year 受浸年: 19 __ __ / 20 __ __	
E-mail 电子邮址: _____		Locality 召会: _____	
Occupation 职业 _____		Campus 校园: _____	

<input type="checkbox"/> Attend the entire training (7/31-8/3) 全程参加成全训练
<input type="checkbox"/> Attend some dates of the training 部分参加 <input type="checkbox"/> 7/31 <input type="checkbox"/> 8/1 <input type="checkbox"/> 8/2 <input type="checkbox"/> 8/3

<b>Airport Pick-up/Drop-off and Hospitality 接送机与接待</b>						
Airport pick-up? <input type="checkbox"/> Yes <input type="checkbox"/> No	Arrival: _____			<input type="checkbox"/> SFO	<input type="checkbox"/> OAK	
需要接机? <input type="checkbox"/> 是 <input type="checkbox"/> 否	Date/Time	Airline	Fl No.	Airport		
Airport drop-off? <input type="checkbox"/> Yes <input type="checkbox"/> No	Departure: _____			<input type="checkbox"/> SFO	<input type="checkbox"/> OAK	
需要送机? <input type="checkbox"/> 是 <input type="checkbox"/> 否	Date/Time	Airline	Fl No.	Airport		
Hospitality? <input type="checkbox"/> Yes <input type="checkbox"/> No	(Request-filling will be need-based and limited by capacity)					
需要接待? <input type="checkbox"/> 是 <input type="checkbox"/> 否	Date 接待日期:	<input type="checkbox"/> 7/31	<input type="checkbox"/> 8/1	<input type="checkbox"/> 8/2		
If hospitality is needed, please indicate your spouse's name and your children's age 如需接待, 请注明同行配偶姓名及未成年子女年龄:     Spouse's name 配偶姓名 _____						
Children Info: Child1 Age____ Sex____; Child2 Age____ Sex____; Child3 Age____ Sex____						
Remarks 备注: _____						
_____						
<b>Notes 注意事项:</b> If hospitality is needed, please indicate spouse's name and children's age. This information needs to be entered only once per couple. 请注明同行配偶姓名及未成年子女年龄。夫妇两人填写一次即可。Husband and wife need to register separately if both come to the training. 夫妇若一同参加训练, 均需注册报名。Need to be sent by July 01, 2009. 报名截止日期: 二〇〇九年七月一日。请将填妥之报名表, 寄送或传真至学者福音办公室 2411 W La Palma Ave., Suite 106, Anaheim, CA 92801     传真 (714) 224-5888						

Applicant's Signature 申请人签名: \_\_\_\_\_ Date 日期: \_\_\_\_\_