**Registration Form**

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| **Name** |  |
| **Affiliation** |  |
| **Title‌/Position** | **‌/** |
| **Postal Address** |  |
| **Tel:** |  |
| **Email:** |  |
| Bio Note (Within 100 words) | |
| Title and abstract（Within 250 words) | |
| Self-funded post-conference tour to Inner Mongolia: Yes / No | |

Send the registration form to [australianstudies@bfsu.edu.cn](mailto:australianstudies@bfsu.edu.cn) by **30 April 2018**.