



September 24 – 25, 2025



Suzhou, CHINA



cares-sustainableforum-asia.com

Future in the making

#1 Conference on Sustainability in Mobility Manufacturing in Asia

REGISTRATION FORM

To be completed and returned to: Bin.WU@infopro-digital.com

TO BE FILLED IN ENGLISH - 报名表需用英文填写

ATTENDEE COMPANY

Organization:

Purchase Order Number:		VAT Number
Address:		
Zip Code & City	Country:	Invoice Email
Contact Full Name:		
Job Title:	Email:	
Phone number (office):	Mobile:	

INDIVIDUAL Registration Fee – Please indicate by an “X” in the appropriate blank box(es)

☐ **SPEAKER PASS: EUR 1495 (VAT excluded)**

演讲者通票: 1495 欧元 (不含增值税)

EUR 1495 X _____ (number of Speakers)

☐ **STANDARD DELEGATE PASS: EUR 1895 (VAT excluded)**

EUR 1895 X _____ (number of Delegates)

PACK – 5 Group Ticket Registration Fee – Please indicate by an “X” in the appropriate blank box(es)

☐ **GROUP FIVE TICKET including FIVE passes: EUR 4100 (VAT excluded)**

EUR 4100 X _____ (number of PACK 5)

Each Group-5 package must include Two (2) company staff members and Three (3) representatives from Automotive OEMs.

五人团体票: 仅限用于邀请汽车行业整车公司 (OEM) 代表, 每套票含 5 个参会名额, 购票单位可保留两个参会名额自行使用, 其余三个名额须由受邀整车公司代表实名注册。需提供受邀方企业与参会者姓名, 职位及工作邮箱

PACK – 10 Group Ticket Registration Fee – Please indicate by an “X” in the appropriate blank box(es)

☐ **GROUP TEN TICKET including TEN passes: EUR 7000 (VAT excluded)**

EUR 7000 X _____ (number of PACK 10)

Each Group-10 package must include Three (3) company staff members and Seven (7) representatives from Automotive OEMs.

十人团体票: 仅限用于邀请汽车行业整车公司 (OEM) 代表, 每套票含十个参会名额, 购票单位可保留三个参会名额自行使用, 其余七个名额须由受邀整车公司代表实名注册。需提供受邀方企业与参会者姓名, 职位及工作邮箱。

TOTAL AMOUNT DUE 应付总金额 = EUR _____ 欧元 (不含增值税)

Each PASS includes: Two (2) days of conferences, coffee breaks, lunch, exhibitions, awards ceremony and the accommodation for ONE night on the 24th of September 2025 in a single room at one of CARES's partner hotels. The registration fee does not include travel expenses, accommodation, parking fees or any other additional cost or service. By signing below, you agree that you understand that by returning this registration form you are making a firm and irrevocable undertaking to pay for all attendance fees. Final registration shall be completed only upon receipt of payment. **Cancellations** - for any cancellation made on or after July 25th, 2025, the entire registration fee shall be retained by the Organizer as a cancellation fee. **Program changes** - The Organizer reserves the right to modify the program should circumstances so warrant in the judgment of the Organizer. No such modification will entitle the attendee to claim any form of compensation.

Date _____ Signature of Authorized Representative _____

Company stamp _____

费用说明: 每张通票包含: 两 (2) 天会议参与资格, 茶歇及午餐, 展览及颁奖典礼入场和 2025 年 9 月 24 日单人间住宿一晚 (限 CARES 合作酒店)。注册费不含差旅费、住宿费 (通票所含 1 晚外)、停车费及其他额外服务费用。**责任条款:** 付款义务 - 签署本表即视为不可撤销的付款承诺, 最终注册以到账为准。**取消政策** - 2025 年 7 月 25 日及之后取消参会者, 主办方将全额收取注册费作为违约金。活动变更 - 主办方有权根据实际情况调整议程, 参会者不得据此索赔。

Personal Data: The personal information collected is processed by E.T.A.I. French business registration number: Créteil 806 420 360. It is necessary to process your registration as a participant or Sponsor of the CARES Events OR to send you any communication relating to the event. They are recorded in our files. The Organizer, or any company in the Infopro Digital group, may use the personal information on its own behalf or on behalf of its clients to send you solicitations to participate in professional events or for products and/or services useful to your professional activity, as well as to include you in professional directories. To exercise your rights, oppose it or find out more: Privacy policy (<https://www.infopro-digital.com/rgpd-gdpr/international>).

个人数据处理声明: 您的个人信息由 E.T.A.I. (法国企业注册号: 克雷泰伊 806 420 360) 负责处理。收集信息用于处理您作为参会者或赞助商注册 CARES 活动的需求; 向您发送活动相关通知。**数据使用范围:** 主办方 INFOPRO DIGITAL GROUP 及关联公司可能将您的信息用于: 向您发送专业活动参与邀请; 推广与您职业相关的产品或服务; 将您纳入行业名录。**用户权利:** 您有权访问、修改或拒绝个人信息的使用。如需行使权利或了解更多详情, 请查阅: <https://www.infopro-digital.com/rgpd-gdpr/international>).

TO BE FILLED IN ENGLISH - 报名表需用英文填写

ATTENDEE COMPANY'S DELEGATES – 与会企业代表

1) ☐ Mr. ☐ Ms.

Family Name:		Given Name:	
Organization:			
Job Title:			
Email:			Mobile:

2) ☐ Mr. ☐ Ms.

Family Name:		Given Name:	
Organization:			
Job Title:			
Email:			Mobile:

3) ☐ Mr. ☐ Ms.

Family Name:		Given Name:	
Organization:			
Job Title:			
Email:			Mobile:

4) ☐ Mr. ☐ Ms.

Family Name:		Given Name:	
Organization:			
Job Title:			
Email:			Mobile:

5) ☐ Mr. ☐ Ms.

Family Name:		Given Name:	
Organization:			
Job Title:			
Email:			Mobile:

**Please add additional pages, as needed. 请根据会议需求补充与会公司代表人员信息 (如需扩展内容, 可另附补充页)*

Signature of Authorized Representative _____ Company stamp _____