

# CECADS

Knowledge Exchange Programs – Official Client Intake & Program Design Form

Complete and return to [info@cecad.org](mailto:info@cecad.org) | A non-refundable deposit of \$2,000 is required prior to the initial scoping call. Instructions: Please select applicable options. Use additional space where provided.

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## SECTION A: PRIMARY CLIENT INFORMATION

<b>Full Organization Name *</b>	Legal name of institution
<b>Type of Organization</b>	<input type="checkbox"/> Government Agency <input type="checkbox"/> Bank / Financial Institution <input type="checkbox"/> Corporation <input type="checkbox"/> School / University <input type="checkbox"/> Foundation <input type="checkbox"/> Other: <input type="text"/>
<b>Primary Contact Person &amp; Title *</b>	Full name, job title
<b>Country of Origin *</b>	Country name
<b>Direct Phone (with country code) *</b>	+ [country code] [phone number]
<b>Email Address *</b>	official email address
<b>Preferred Language for Communication</b>	English / French / Chinese / Portuguese

## SECTION B: DELEGATION PROFILE

<b>Total Number of Delegates *</b>	e.g., 12
<b>Delegate Level (mix allowed) *</b>	e.g., 5 C-Suite, 5 Mid-Level, 3 Technical Example: 2 C-Suite / 8 mid-level managers / 3 technical experts
<b>VIPs Requiring Special Protocol or Security</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes – describe: <input type="text"/>
<b>Languages Spoken by Delegates</b>	English, French, Swahili, Amharic, Portuguese, etc.
<b>Interpretation Required</b>	<input type="checkbox"/> None <input type="checkbox"/> Simultaneous <input type="checkbox"/> Consecutive <input type="checkbox"/> Whispered
<b>Dietary Needs</b>	Allergies, halal, kosher, vegetarian, wheelchair access, sign language, etc.
<b>Delegate Responsible for Dietary Coordination</b>	Name of delegate (if different from primary contact)

## SECTION C: PROGRAM OBJECTIVES & THEMATIC FOCUS

<b>Preferred Program Stream *</b>	<input type="checkbox"/> Executive Study Tour (10–15 days) <input type="checkbox"/> Executive Immersion (7–10 days) <input type="checkbox"/> School Exchange <input type="checkbox"/> Fully Custom Program
<b>Top Three Thematic Priorities</b>	1. <input type="text"/> Governance <input type="text"/> 2. <input type="text"/> Digital Economy <input type="text"/> 3. <input type="text"/> Trade & Investment <small>Suggests: Governance / Trade &amp; Investment / Digital Economy / Agriculture / Infrastructure / Healthcare / Manufacturing / Education</small>
<b>Proposed Travel Window *</b>	Month / Year – minimum 4 weeks lead time (8 weeks for visa support)

## SECTION C2: MEETING TYPE CLASSIFICATION

**Important:** Government-related meetings require additional lead time, protocol clearance, and incur higher coordination fees. Please indicate the primary nature of your delegation's engagements.

Meeting / Visit Type	Lead Time Required	Select (✓)
<b>Government &amp; Official Meetings</b> <small>Ministries, provincial/municipal government, regulatory bodies, policy briefings</small>	6-8 weeks minimum	<input type="checkbox"/> Yes – government meetings required
<b>Government Meeting Level (if selected above)</b>	<input type="checkbox"/> National level (ministries / central government) <input type="checkbox"/> Provincial level <input type="checkbox"/> Municipal / city level <input type="checkbox"/> Local / district level <input type="checkbox"/> Not sure – CECADS to advise	
<b>Corporate &amp; Executive Meetings</b> <small>C-suite executives, board meetings, corporate headquarters visits</small>	3-4 weeks minimum	<input type="checkbox"/> Yes – corporate executive meetings required
<b>Factory &amp; Industrial Site Visits</b> <small>Manufacturing plants, industrial parks, special economic zones</small>	2-3 weeks minimum	<input type="checkbox"/> Yes – factory / industrial visits required
<b>Academic &amp; Research Visits</b> <small>Universities, think tanks, research institutes, laboratories</small>	2-3 weeks minimum	<input type="checkbox"/> Yes – academic / research visits required
<b>Cultural &amp; Institutional Visits</b> <small>Museums, cultural centers, NGOs, foundations</small>	1-2 weeks minimum	<input type="checkbox"/> Yes – cultural / institutional visits required
<b>Mixed Delegation (multiple types above)</b>	As per highest category	<input type="checkbox"/> Mixed – please specify breakdown below

<b>If mixed delegation, please provide estimated breakdown:</b>	e.g., 5 delegates – government meetings, 8 delegates – factory visits, 2 delegates – academic visits
<b>Any specific government entities or companies you wish to meet?</b>	Please name specific ministries, agencies, or corporations if known. If not known, CECADS will propose based on your objectives.
<b>Protocol &amp; Security Clearance Required?</b>	<input type="checkbox"/> Yes – security clearance needed for certain delegates <input type="checkbox"/> Yes – official protocol / diplomatic courtesies requested <input type="checkbox"/> No – standard arrangements only <input type="checkbox"/> Not sure – CECADS to advise

## SECTION D: DURATION & ITINERARY STRUCTURE

<b>Total Program Days *</b>	<input type="checkbox"/> 7 days <input type="checkbox"/> 10 days <input type="checkbox"/> 12 days <input type="checkbox"/> 15 days <input type="checkbox"/> Custom: <input type="text"/> days
<b>Geographic Scope *</b>	<input type="checkbox"/> Single city <input type="checkbox"/> Dual city <input type="checkbox"/> Multi-province (3+ cities)
<b>Preferred Cities</b>	Hangzhou, Beijing, Shanghai, Shenzhen, Chengdu, Xi'an, Guangzhou
<b>Activity Preferences</b>	<input type="checkbox"/> Expert workshops / lectures <input type="checkbox"/> Government meetings <input type="checkbox"/> Company site visits <input type="checkbox"/> Cultural immersion & heritage tours <input type="checkbox"/> University / research center visits <input type="checkbox"/> Networking receptions <input type="checkbox"/> Field visits (agricultural / economic zones)

## SECTION E: SERVICE INCLUSIONS REQUESTED

**Service scopes:** Please indicate which services you require CECADS to arrange. All services are delivered through our vetted partner network.

<b>Travel &amp; Logistics</b>	<input type="checkbox"/> International flight booking & ticketing <input type="checkbox"/> Airport transfers (pickup & drop-off) <input type="checkbox"/> Excess baggage coordination <input type="checkbox"/> Travel document verification <input type="checkbox"/> Arrival/departure meet-and-greet
<b>On-Ground Logistics</b>	<input type="checkbox"/> Dedicated tour bus with Wi-Fi <input type="checkbox"/> Local English-speaking guide <input type="checkbox"/> Bottled water & snacks <input type="checkbox"/> SIM cards / portable Wi-Fi <input type="checkbox"/> Mobile payment assistance
<b>Accommodation &amp; Dining</b>	<input type="checkbox"/> Full hotel booking <input type="checkbox"/> Early check-in / late check-out <input type="checkbox"/> Executive welcome amenities <input type="checkbox"/> Business center access <input type="checkbox"/> Interconnecting rooms
<b>Feeding &amp; Catering</b>	<input type="checkbox"/> Daily breakfast <input type="checkbox"/> Business lunches <input type="checkbox"/> Group dinners <input type="checkbox"/> Halal / Kosher / Jain certified meals <input type="checkbox"/> Coffee breaks & refreshments <input type="checkbox"/> Welcome reception dinner
<b>Cultural &amp; Leisure</b>	<input type="checkbox"/> Half-day city sightseeing <input type="checkbox"/> Full-day cultural excursion <input type="checkbox"/> Evening cultural performance <input type="checkbox"/> Shopping guidance <input type="checkbox"/> Nature / scenic area visits <input type="checkbox"/> Tea ceremony / calligraphy workshop
<b>Health, Safety &amp; Administration</b>	<input type="checkbox"/> 24/7 emergency response hotline <input type="checkbox"/> On-call medical coordinator <input type="checkbox"/> Pre-travel health advisory <input type="checkbox"/> First-aid kit on vehicle <input type="checkbox"/> Hospital escort service
<b>Administrative &amp; Documentation</b>	<input type="checkbox"/> Certificate of completion <input type="checkbox"/> Program handbook <input type="checkbox"/> Name badges & delegate kits <input type="checkbox"/> Group photo & video highlights <input type="checkbox"/> Daily itinerary sheets <input type="checkbox"/> Invoice & payment coordination
<b>Insurance &amp; Protection</b>	<input type="checkbox"/> Group travel insurance <input type="checkbox"/> Personal accident insurance <input type="checkbox"/> Liability insurance for activities
<b>Language &amp; Compliance</b>	<input type="checkbox"/> On-site consecutive interpreter <input type="checkbox"/> Simultaneous interpretation <input type="checkbox"/> Document translation <input type="checkbox"/> Business card translation

## SECTION F: ACCOMMODATION & LOGISTICS DETAILS

<b>Hotel Tier *</b>	<input type="checkbox"/> 4-star <input type="checkbox"/> 5-star <input type="checkbox"/> 7-star / luxury <input type="checkbox"/> Mixed by city
<b>Meal Plan</b>	<input type="checkbox"/> Breakfast only <input type="checkbox"/> Half board <input type="checkbox"/> Full board <input type="checkbox"/> Special dietary
<b>Ground Transport</b>	<input type="checkbox"/> Private coach <input type="checkbox"/> Minibus / van <input type="checkbox"/> Executive sedan convoy <input type="checkbox"/> High-speed rail

## SECTION G: PROFESSIONAL SERVICES & SUPPORT

<b>Interpretation &amp; Language Support</b>	<input type="checkbox"/> Not required <input type="checkbox"/> Consecutive <input type="checkbox"/> Simultaneous <input type="checkbox"/> Specialized technical Language pair(s) required: e.g., English ↔ Chinese
<b>On-Site CECADS Coordinator</b>	<input type="checkbox"/> Full-time dedicated <input type="checkbox"/> Part-time shared <input type="checkbox"/> Not required
<b>Visa Invitation Letter Assistance</b>	<input type="checkbox"/> Yes – for # <input type="text"/> delegates <input type="checkbox"/> No – all delegates have valid visas

## SECTION H: BUDGET & PARTNERSHIP MODEL

<b>Preferred Partnership Model *</b>	<input type="checkbox"/> Full sponsorship – one organization funds entire program <input type="checkbox"/> Co-branded program – shared funding and branding <input type="checkbox"/> Scholarship slot model – fund designated seats <input type="checkbox"/> Self-pay by delegates
<b>Budget Range &amp; Currency</b>	Currency: <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> GBP <input type="checkbox"/> Other: <input type="text"/> Currency From <input type="text"/> minimum to <input type="text"/> maximum <small>All figures in selected currency above. Indicative range only.</small>

## SECTION I: HEALTH, MEDICAL & DUTY OF CARE

<b>Known Chronic Medical Conditions</b>	Diabetes, hypertension, asthma, epilepsy, allergies, mobility limitations
<b>Known Medication Allergies</b>	Penicillin, sulfa, latex, codeine, etc. (if none, write 'none known')
<b>Primary Emergency Contact</b>	Name: <input type="text"/> Full name Relationship: e.g., spouse, col Phone: <input type="text"/> Phone
<b>Secondary Emergency Contact</b>	Name: <input type="text"/> Full name Relationship: e.g., spouse, col Phone: <input type="text"/> Phone
<b>Travel Insurance Status</b>	<input type="checkbox"/> Yes – proof provided <input type="checkbox"/> No – request CECADS to arrange
<b>Insurance Policy Details</b>	Policy number: <input type="text"/> Policy # 24h emergency: <input type="text"/> Phone
<b>Preferred Hospital Tier in China</b>	<input type="checkbox"/> Local public <input type="checkbox"/> International joint-venture <input type="checkbox"/> VIP wing <input type="checkbox"/> As advised by CECADS
<b>Medical Evacuation Consent</b>	<input type="checkbox"/> I authorize CECADS to coordinate emergency medical care and evacuation if needed.

## SECTION J: VISA & PASSPORT READINESS

<b>Passports Valid &gt;6 Months?</b>	<input type="checkbox"/> Yes – all confirmed <input type="checkbox"/> No – specify: <input type="text"/> Which delegates?
<b>Previous China Visa Refusal?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes – attach explanation
<b>Visa Type Required</b>	<input type="checkbox"/> Business Visa (M) <input type="checkbox"/> Tourist Visa (L) <input type="checkbox"/> Study Visa (X) <input type="checkbox"/> Not sure – need guidance
<b>Delegates Requiring Visa Assistance</b>	Number needing visa support <input type="text"/> <input type="text"/> <small>CECADS provides invitation letters and guidance only.</small>

## SECTION K: CULTURAL & PROTOCOL PREFERENCES

<b>Official Gifts for Chinese Hosts</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes – describe: <input type="text"/> Type and quantity
<b>Religious or Cultural Observances</b>	Prayer times, Friday prayers, fasting, dress code expectations
<b>Preferred Greeting Formality</b>	<input type="checkbox"/> Standard handshake <input type="checkbox"/> Bow / no physical contact <input type="checkbox"/> As per Chinese custom <input type="checkbox"/> Other: <input type="text"/> Specify

## SECTION L: PRIVACY, MEDIA & PHOTOGRAPHY PREFERENCES

<b>Tour Visibility &amp; Publicity</b>	<input type="checkbox"/> Public – may be featured in CECADS marketing <input type="checkbox"/> Private – internal only, no external publicity <input type="checkbox"/> Hybrid – approved materials only
<b>Photography Restrictions</b>	<input type="checkbox"/> No restrictions <input type="checkbox"/> Restricted – verbal consent each time <input type="checkbox"/> Prohibited – absolutely no photography <input type="checkbox"/> Delegation-provided photographer only <input type="checkbox"/> Other: <input type="text"/> Specify
<b>Media Consent</b>	<input type="checkbox"/> Internal reporting only <input type="checkbox"/> Future proposals (anonymized) <input type="checkbox"/> No images to third parties <input type="checkbox"/> Individual release forms provided
<b>Social Media Policy</b>	<input type="checkbox"/> May post freely <input type="checkbox"/> Do not tag CECADS until after program <input type="checkbox"/> No posting until cleared by lead <input type="checkbox"/> Other: <input type="text"/> Specify
<b>Confidentiality of Content</b>	<input type="checkbox"/> Standard – internal use only <input type="checkbox"/> Highly confidential – no recordings <input type="checkbox"/> Open – share with attribution

## SECTION M: SUCCESS METRICS & REPORTING

<b>Success Measures</b>	<input type="checkbox"/> Signed MOUs <input type="checkbox"/> Satisfaction survey (>4.5/5) <input type="checkbox"/> Media coverage <input type="checkbox"/> Investment leads <input type="checkbox"/> Policy adoption
<b>Reporting Format Required</b>	<input type="checkbox"/> PDF summary <input type="checkbox"/> PowerPoint <input type="checkbox"/> Verbal debrief <input type="checkbox"/> Dashboard
<b>Reporting Timeline &amp; Recipient</b>	Due date: e.g., 30 days post-to Recipient: <input type="text"/> Name/title

## SECTION N: EXCLUSIONS & SCHEDULE FLEXIBILITY

<b>Items or Activities to Exclude</b>	e.g., factory visits, long bus rides, spicy food, political briefings
<b>Travel Date Flexibility</b>	<input type="checkbox"/> ± # <input type="text"/> days flexibility <input type="checkbox"/> Fixed dates – no flexibility
<b>Certificate Name Preference</b>	Preferred name format for certificates <small>If left blank, certificates will use delegate list names.</small>

## SECTION O: ADDITIONAL REQUESTS OR SPECIAL INSTRUCTIONS

<b>Any Other Services or Unique Requirements</b>	Please describe any unique requirements: medical specialists, wheelchair access, private security, filming permits, special dietary beyond listed, etc.
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## SECTION P: PRIVACY, DATA & LEGAL ACKNOWLEDGMENT

**Data Privacy & Protection:** CECADS collects information solely for program delivery. Personal data will not be shared except for logistics or as required by law. You confirm that you have obtained necessary consent from delegation members. Retention period: 3 years post-program unless otherwise agreed.

<b>Deposit Acknowledgment</b>	<input type="checkbox"/> I acknowledge the \$2,000 non-refundable consultation deposit is required.
<b>Cancellation Terms Accepted</b>	<input type="checkbox"/> Yes – I accept CECADS standard sliding-scale cancellation policy.
<b>Health &amp; Fitness Liability</b>	<input type="checkbox"/> I confirm delegates are fit to travel; CECADS not liable for undisclosed conditions.
<b>Emergency Data Consent</b>	<input type="checkbox"/> I consent to sharing emergency medical information with hospitals, insurers, and embassies if required.
<b>Media &amp; Privacy Acknowledgment</b>	<input type="checkbox"/> I have reviewed and agree to the privacy preferences selected in Section L.
<b>Data Retention Preference</b>	<input type="checkbox"/> 1 year <input type="checkbox"/> 3 years <input type="checkbox"/> 5 years <input type="checkbox"/> As required by law
<b>Preferred Payment Terms</b>	<input type="checkbox"/> 100% upfront <input type="checkbox"/> 50% deposit + 50% pre-travel <input type="checkbox"/> Other: <input type="text"/> Specify
<b>Authorized Signature</b>	Full legal name, position
<b>Date of Submission</b>	11/05/2026

**Submission instructions:** Please send the completed form along with proof of deposit transfer to [info@cecad.org](mailto:info@cecad.org). Upon receipt, CECADS will schedule a structured scoping call within five (5) business days.