**REGISTRATION FORM for PARTICIPANTS’ INFORMATION**

**APNME 15th ANNUAL CONFERENCE**

**SECTION 1. PARTICIPANTS’ INFORMATION (Please complete in English.)**

\*required (should be filled in).

|  |  |  |
| --- | --- | --- |
| \*Family (last) name: | |  |
| \*First/other name(s):  as stated in passport (or on ID card if no passport) | |  |
| \*Title: | □ Prof.  □ Dr.  □ Mr.  □ Ms.  □ Mrs.  □ Other \_\_\_\_\_\_\_\_\_\_\_\_ | |
| \*Organization: |  | |
| \* Address in English (We will send the JME journal to you for one year at this address, so please make sure it is the best address for receiving your journal.): |  | |
| \*City: |  | |
| State/Province: |  | |
| Postal/Zip code: |  | |
| \* Country: |  | |
| Mobile phone: |  | |
| Fax: |  | |
| \*E-mail: |  | |
| \*Have you submitted an abstract/proposal for your  presentation? | | * Yes * NO |
| If it is a joint presentation, please state the name(s) of the other presenter(s): | |  |
| \* Are you a full-time student studying in an undergraduate or postgraduate program? | | * Yes * NO |
| \*I am a newcomer; this is my first APNME  conference. | | * Yes * NO |

State/Province; Postal/Zip code; Phone, Mobile and Fax fields are optional; all other

fields must be filled in.