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

 fields must be filled in.