**REGISTRATION FORM for PARTICIPANTS’ INFORMATION**

**APNME 12th ANNUAL CONFERENCE**

**Kaohsiung, TAIWAN, April 26-30 of 2017**

**SECTION 1. PARTICIPANTS’ INFORMATION**

\*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 \_\_\_\_\_\_\_\_\_\_\_\_ | |
| \*Name as you would like it to appear on your name  badge: | |  |
| \*Organization: |  | |
| \*Address: |  | |
| \*City: |  | |
| State/Province: |  | |
| Postal/Zip code: |  | |
| Mobile phone: |  | |
| Fax: |  | |
| \*E-mail: |  | |
| **\***Food: Normal / Vegetarian only/  Special requirements (Please explain). | |  |
| \*Have you submitted an abstract/proposal for your  presentation? | | * Yes * NO |
| \*I am a newcomer; this is my first APNME  conference. | | * Yes * NO |
| \* Do you need an invitation letter? If you need one, please send a copy of your passport to us. | | * Yes * NO |

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

fields must be filled in.