|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ORGANIZATION INFORMATION | | | | | | | | | |
| Name of Organization |  | | | | | | | | |
| Address |  | | | | | | | | |
| Country | |  | | | | | | |
| TEL | |  | | | FAX | | |  |
| URL | |  | | | | | | |
| Type of Organization | Academic Institution Healthcare Institution  Professional Organization Others | | | | | | | | |
| Objectives of Organization |  | | | | | | | | |
| Activities conducted by Organization |  | | | | | | | | |
| Date of the organization founded | Year | | | Month | Day | | |  | |
|  | | |  |  | | |
| Number of members from the organization |  | | | | | | | | |
| REPRESENTATIVE INFORMATION | | | | | | | | | |
| Name of representative | Dr. Professor Mr. Ms. Miss. Mrs. | | | | | | | | |
| Family Name | |  | | | Given Name | | |  |
| Middle Name | |  | | | | | | |
| Position (Role) |  | | | | | | | | |
| Contact information | Email |  | | | | | | | |
| TEL |  | | | | | FAX | |  |
| *If there is another contact person than the above representative, please fill out the following* | | | | | | | | | |
| Name of the person | Dr. Professor Mr. Ms. Miss. Mrs. | | | | | | | | |
| Family Name | |  | | | Given Name | | |  |
| Middle Name | |  | | | | | | |
| Position (Role) |  | | | | | | | | |
| Contact information | Email |  | | | | | | | |
| TEL |  | | | | | FAX | |  |

|  |  |
| --- | --- |
| Date of completion: | yyyy/mm/dd |