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| 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 |  |

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