**Registration Form**

**2017 Asia-Pacific Medical Students’ Symposium**

**Before we begin…**

In respect to Article 8 of Personal Information Protection Act (the “Act”), the 2017 Asia-Pacific Medical Students’ Symposium Organizing Committee (the “Committee”) hereby informs you about the following issues regarding the collection and use of your personal information:

**1. Purpose of collection:**

001 Life Insurance;

077 Ticket booking and hotel reservations;

158 Student data administration;

168 Processing of passport, visa, and other documentations;

176 Other processing and usage conducted by natural persons based on legitimate purposes.

**2. Classification of personal information collected:**

C001 Individual identification;

C011 Individual description;

C024 Other social relations;

C035 Recreational activities and interests;

C051 Educational record;

C052 Qualification or technique.

**3. Time period, region, parties and means of the use of personal information collected:**

Time period: Unless otherwise agreed, from the date when your personal information is provided, until the end of 2017 Asia-Pacific Medical Students’ Symposium (i.e. 18th of February, 2017).

Region: Locations of the parties for the use of your personal information.

Parties: The Committee and other institutions in relation to relevant business.

Means: Processed and stored in hard copies or electrically.

**4. In respect to Article 3 of the Act, you may exercise the following rights with regard to your personal information:**

(a) Inquiry or request for a review,

(b) Request to make duplicates,

(c) Request to add supplements or make corrections,

(d) Request to discontinue collection, processing or use,

(e) Request to delete.

**5. If you refuse to provide a complete and accurate copy of your information, you will not be able to participate in the activity. We appreciate your understanding.**

*If there is any inconsistency or ambiguity between the English version and the Chinese version, the Chinese version shall prevail.*

**有關您的個人資料……**

2017亞太醫學生論壇籌備小組（以下簡稱本小組）依據《個人資料保護法》第8條之規定，告知您有關個人資料蒐集及利用之事項如下：

**1. 蒐集目的：**

001 人身保險、

077 訂位、住宿登記與購票業務、

158 學員資料管理、

168 護照、簽證及文件證明處理、

176 其他自然人基於正當性目的所進行個人資料之蒐集處理及利用。

**2. 個人資料之類別：**

C001 辨識個人者、

C011 個人描述、

C024 其他社會關係、

C035 休閒活動及興趣、

C051 學校紀錄、

C052 資格或技術。

**3. 個人資料利用之期間、地區、對象及方式：**

期間：若無另行約定，自提供日起至2017亞太醫學生論壇結束日（即2017年2月18日）止。

地區：個人資料利用對象之所在地。

對象：本小組及其他與業務相關之機構。

方式：以紙本及電子形式處理及儲存。

**4. 依據《個人資料保護法》第3條之規定，您可以就您的個人資料行使以下權利：**

(a) 查詢或請求閱覽，

(b) 請求製給複製本，

(c) 請求補充或更正，

(d) 請求停止蒐集、處理或利用，

(e) 請求刪除。

**5. 若您不提供完整且正確的資料，將無法參與本活動，敬請見諒。**

如中、英文兩者有任何抵觸或模糊之處，應以中文版本為準。

☐ I have clearly understood the information.

**LET’S BEGIN!**

Your privacy is very important to us. Make sure that you have understood the information on previous pages before you continue.

**PRIVACY**

**0**

**GENERAL**

**INFORMATION**

**2**

FIRST NAME

LAST NAME

PREFERRED NAME (OPTIONAL)

MIDDLE NAME (OPTIONAL)

GENDER

☐ M ☐ F ☐ Other

DATE OF BIRTH (YYYY-MM-DD)

NATIONALITY

PLACE OF BIRTH

PASSPORT NUMBER

PASSPORT EXPIRY DATE (YYYY-MM-DD)

**CONTACT**

**INFORMATION**

**3**

PHONE / MOBILE

NATIVE LANGUAGE

ADDRESS

EMAIL

**NAME**

**1**

**APPLICANT**

**EMERGENCY CONTACT**

EMAIL

PHONE / MOBILE

RELATION TO APPLICANT

NAME

**ACADEMIA**

**4**

ACADEMIC / RESEARCH ADVISER POSITION (OPTIONAL)

ACADEMIC / RESEARCH ADVISER NAME (OPTIONAL)

YEAR OF GRADUATION

CURRENT GRADE / YEAR

FACULTY / DEPARTMENT

UNIVERSITY / SCHOOL

Design inspired by Andrea Johansson. View her works on www.behance.net/AndreaJohansson

GROUP REGISTRATION

☐ Yes ☐ No

**FINISHED!**

Please submit this form to apmss@apmss-taiwan.org.

Admission list and information regarding payments will be announced after registration deadline (late November). We will also keep you informed via email.

Stay tuned on our website (apmss-taiwan.org) and Facebook page (facebook.com/APMSS) for latest announcements!

COMMENTS & SUGGESTIONS (OPTIONAL)

REASON OF APPLICATION (BELOW 300 WORDS)

BRIEF PERSONAL DESCRIPTION (BELOW 300 WORDS)

GROUP REGISTIATION MEMBERS (OPTIONAL)

SCHOOL RECOMMENDATION

☐ Yes ☐ No

**OTHER**

**DETAILS**

**6**

FOOD REQUIREMENTS

**FOOD**

**5**

AWARDS / ACCOMPLISHMENTS (OPTIONAL)

ANY RESEARCH TO DATE (OPTIONAL)

**ACADEMIA**

**(CONTINUED)**

**4**