

# 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; | C035 Recreational activities and interests; |
| C011 Individual description;    | C051 Educational record;                    |
| C024 Other social relations;    | 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、  | C035 休閒活動及興趣、 |
| C011 個人描述、   | C051 學校紀錄、    |
| C024 其他社會關係、 | 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。

## LET'S BEGIN!

### 0 PRIVACY

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

I have clearly understood the information.

### 1 NAME

FIRST NAME	LAST NAME
MIDDLE NAME (OPTIONAL)	PREFERRED NAME (OPTIONAL)

### 2 GENERAL INFORMATION

PLACE OF BIRTH	NATIONALITY
DATE OF BIRTH (YYYY-MM-DD)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
PASSPORT NUMBER	PASSPORT EXPIRY DATE (YYYY-MM-DD)

### 3 CONTACT INFORMATION

**APPLICANT**

PHONE / MOBILE	NATIVE LANGUAGE
ADDRESS	
EMAIL	

**EMERGENCY CONTACT**

NAME	RELATION TO APPLICANT
PHONE / MOBILE	EMAIL

### 4 ACADEMIA

UNIVERSITY / SCHOOL	FACULTY / DEPARTMENT
CURRENT GRADE / YEAR	YEAR OF GRADUATION
ACADEMIC / RESEARCH ADVISER NAME (OPTIONAL)	ACADEMIC / RESEARCH ADVISER POSITION (OPTIONAL)

## 4 ACADEMIA (CONTINUED)

ANY RESEARCH TO DATE (OPTIONAL)

AWARDS / ACCOMPLISHMENTS (OPTIONAL)

## 5 FOOD

FOOD REQUIREMENTS

## 6 OTHER DETAILS

SCHOOL RECOMMENDATION

Yes  No

GROUP REGISTRATION

Yes  No

GROUP REGISTRATION MEMBERS (OPTIONAL)

BRIEF PERSONAL DESCRIPTION (BELOW 300 WORDS)

REASON OF APPLICATION (BELOW 300 WORDS)

COMMENTS & SUGGESTIONS (OPTIONAL)

### FINISHED!

Please submit this form to [apmss@apmss-taiwan.org](mailto: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](http://apmss-taiwan.org)) and Facebook page ([facebook.com/APMSS](https://facebook.com/APMSS)) for latest announcements!