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| **Application Form for KICTE Training Program Participants**  *-KICTE CON-NECT Program 2018-*  **in Incheon, South Korea** |

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| **Registration Form** |

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| **Personal Information** | | | | | | | |
| **Name in Full** | **Dr. Mr. Ms.** | **First Name** | | **Middle/Maiden Name, if any** | | | **Family/Last Name** |
|  |  | |  | | |  |
| **Course of Study** | (Masters / Doctoral) | | | | | | |
| **School** |  | | | | | | |
| **Department** |  | | | | | | |
| **Contact Address** |  | | | | | | |
| **Telephone/Mobile** |  | | | | **Fax** |  | |
| **City of Residence** |  | | | | **E-mail** |  | |
| **Name of Contact Person**  **(in case of emergency)** |  | | **Telephone** | | |  | |
| **Mobile** | | |  | |
| **Field of Expertise** |  | | | | | | |
| **Years of Experiences** |  | | | | | | |
| **Interested Areas** |  | | | | | | |
| **Nationality** |  | | | | | | |

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| **Dietary Restrictions (Please indicate ‘x’ as appropriate)** | | | | | | | | | | | | | |
| **None** | | **Beef** | **Pork** | **Fish** | | | **Vegetable** | | **Others (Please indicate)** | | | | |
|  | |  |  |  | | |  | |  | | | | |
| **Medical Condition(if appropriate)** | | | | | |  | | | | **Medicine** | |  | |
| **Name** |  | | | | **Date** |  | | | | | **Signature** | |  |

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| Please complete this application form for each recommended participant and send it by **July 20th, 2018 via email**.  Inquiries: Ms. Heeyoung Choi, 688 Soraero, Namdong-ku, Incheon-si, 21541, South Korea  Email: heeyoung@kicte.or.kr Tel: +82-32-460-0175/6 FAX: +82-32-460-0170 |

* **Please attach your CV and a photo copy of your passport with this application.**