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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 KoreaEmail: 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.**