

# Application form ( Institute member )

Date\_\_\_\_\_ (mm/dd/yyyy)

**Institute Name:**\_\_\_\_\_

**Name in Chinese Character, if any:**\_\_\_\_\_

**Department /Section:**\_\_\_\_\_

**Postal Address:**

\_\_\_\_\_

\_\_\_\_\_ (Country \_\_\_\_\_ )

**TEL:**\_\_\_\_\_ **FAX:**\_\_\_\_\_ **E-mail:**\_\_\_\_\_  
(country code:\_\_\_\_\_)

**Mailing Address** (please check one): ~ **Registration** ~ **Nonregistration**

## Information Disclosure/Nondisclosure

\* Information disclosure is limited within the Society.

Department and address ( )Disclosure ( )Nondisclosure

TEL / FAX ( )Disclosure ( )Nondisclosure

E-mail ( )Disclosure ( )Nondisclosure

Please fill and return this form to:

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