

DELEGATE APPLICATION FORM 2018

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DIET REQUIREMENT						S	SIZE FOR	T-SHIRT						
EMERGENCY CONTACT NAME						ſ	ELL NO	S.						(0): 1 . I . I . I
							110							(Click on the box and insert a clear background photo

Please write your name in BLOCK LETTERS in this section. Information entered will be transferred to your Conference Badge and Certificate. There will be an administrative fee of USD20.00/if you require us to replace your photograph on the Conference Badge or to amend your Name on the Certificate. Please attach a recent photo with a clear background together with this application.

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YEAR OF STUDY			1:	st year						🔵 2n	d year				31	d year and above
MAJOR FIELD OF STUDY										SECON	DARY FIELD	OF STUDY	(lf appl	icable]	
UNIVERSITY										FACULI	ſY					

		S P	ECIAL SKILLS
WRITING SKILL	🔵 Yes	🔵 No	Do you want to volunteer as a writer for the Symposium? 🛛 Yes 🔵 No
PHOTOGRAPHY SKILL	🔵 Yes	O No	Do you want to volunteer as a photographer for the Symposium? 🔵 Yes 🔵 No
			If yes, please let us know the camera model you are using

DO YOU HAVE AN INSPIRING STORY ABOUT YOURSELF TO SHARE?

WHAT ARE THE REASONS FOR YOUR INTEREST TO BE A DELEGATE?