**Appendix 1: Application of International Training Workshop of TCM External Treatment Technology for Developing Countries**

**Type writing is preferred**

Family (Surname)Name Given Name

*photo here*

*with .jpg format and size under 200K*

Gender Nationality

Date of Birth (YYYY-MM-DD)

Place of Birth (Province/State, Country)

Passport Type (□Diplomatic□Service or Ofiicial□Regular□other)

Passport Number

Date of Issue(YYYY-MM-DD)

Expiration Date(YYYY-MM-DD)

Place of Issue (Province/State, Country)

Your Current Occupation

Education Degree Education Major

Name of Your Employer or School

Type of Your Employer or School: (□Government agencies□Research Institutions□Universities □Companies and Enterprises□Non-governmental Organizations□Other)

A Brief Introduction to Your Employer or School(within 400 characters):

Address of Your Employer or School

Your Position

A Brief Introduction to your Responsibilities(within 400 characters):

Daytime Phone Number

Nighttime Phone Number

Your Email

Training Terms: How many times have you participated in the Training Workshop?

□The first time □2 □3 □more than 5

Language(s) Known to Applicant

Language Proficiency(Excellent、Good、Fair、Poor)

Education Background (College Name, Degree and Major)

Work Experience (A brief introduction of your present occupation including the ongoing or completed research project)