**Registration Form for the High School Division Forum of the International Conference on Biomedicine and AI**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | Gender | |  | Two-inch, white background, bareheaded photo | |
| Date of Birth  (Month/Day/Year) |  | | ID Number (ID Card/Hong Kong and Macao Travel Permit/Passport) | |  |
| Grade |  | | Graduation Year of High School: | |  |
| Supervising Teacher |  | | Email Address | |  |
| Phone Number |  | | Emergency Contact - Name | |  |
| Permanent Address |  | | | | | | |
| Emergency Contact |  | Relationship | |  | Emergency Contact - Phone Number | |  |
| School Name |  | | | | | | |
| School Address |  | | | | | | |
| Name of School Principal |  | | | | | | |
| Principal's Phone Number |  | | | | | | |
| Principal's Email Address |  | | | | | | |
| Signature of Supervising Teacher |  | | | | | | |