**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 |  |