## “感知重庆 体验重医”活动申请表

## CQMU Study & Culture Tour

## APPLICATION FORM

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 个人信息 | | | | | | | |
| 姓名 Name | | |  | | | | |
| 性别 Gender | | |  | 出生日期Date of Birth | | |  |
| 台湾居民来往大陆通行证号Passport Number | | |  | | | | |
| 发证日期Date of Issue | | |  | 有效期至Date of Expiry | | |  |
| 饮食习惯Dietary Habit | | |  | 宗教信仰Religion | | |  |
| 联系方式 | | | | | | | |
| 地址 Address |  | | | | | | |
| 电话号码Phone No. |  | | | | 手机号码 **Mobile No.** |  | |
| E-MAIL |  | | | | | | |
| 学校名称 Name of Home University | | | | |  | | |
| 专业/职务 Department | | | | |  | | |
| 紧急联系人 (For Emergency Contact) | | | | | | | |
| 姓名Name | |  | | | | | |
| 电话号码Phone No. | |  | | | 手机号码 **Mobile No.** |  | |
| 地址Address | |  | | | | | |