



**REGISTRATION FORM**  
**“AUAP-DHC Global Leadership Program 2015”**  
**August 9-20, 2015**  
**Daegu Health College, Daegu, South Korea**

■ BASIC INFORMATION

Last/Family Name	First Name
Gender      Male <input type="checkbox"/> Female <input type="checkbox"/>	Nationality
Birthdate (MM/DD/YYYY)	School, Major, Year
Home Address (City, Province/State, Country)	Email

■ PERSONAL INFORMATION

What are your interests & hobbies, talents & skills?	Food: Are there any foods you do not eat? Please describe:  Do you have any special dietary needs?
Medical: Do you have any allergies?      Yes      No If yes, what types of allergies?	
Are you under doctor's care?      Yes      No      If yes, please explain:	
Circle the words that describe you:    Outgoing      Comical      Talkative      Artistic      Shy      Open-minded      Serious Athletic      Friendly      Easygoing      Positive      Musical      Independent      Quiet Other words:	
Have you been to South Korea? and Please describe what you expect from this program.	

■ OFFICIAL CONTACT PERSON IN YOUR UNIVERSITY/COLLEGE FOR THE EMERGENCY

Name	Position
Email	Telephone (area code-phone number)

Please Print Name :

Signature :

Date :