**Application for the Member of ICTMHW and CICAMR**

**国际传统医学大會和加拿大整体医学研究院成员申请表**

**Please fill the Application Form in English/Chinese请用英文/中文填写**

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| --- | --- | --- | --- |
| Name姓名 |  | Highest Educational Degree最高学历 |  |
| Sex 性别 |  | Major and Specialty专业及专长 |  |
| Age Group 年龄组 |  20-34 35-49 50-69 70+ | Professional Title职称 |  TCM doctor/中医师Acupuncturist/针灸师Massage Therapist/按摩师Other/其它 |
| Work Phone 工作电话 |  | Work Unit/Clinic 工作单位/诊所 |  |
| Mobile 手机 |  | E-mail电子邮件 |  |
| WeChat 微信 |  | Mailing Address 邮寄地址 |  |
| Nationality 国籍 |  | Date of Application 申请日期 |  |



**International Conference of Traditional Medicines on Health and Wellness ICTMHW 国际传统医学大會**

**Canadian Institute of Complementary and Alternative Medicine Research**

**CICAMR加拿大整体医学研究院**

Website: <http://www.ictmhw.com>， [http://www.cicamr.org](http://www.cicamr.org/)

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| --- | --- | --- | --- |
| Person in Charge 经办人 |  | Date of Process 办理日期 |  |