

「2020 Korean Educators Abroad International Conference」 Application Form

Name(s)	(English name as printed in your passport)			Photo
	(Local language)			
Country of Residence		Date of birth		
Nationality		Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>	
Language	Korean <input type="checkbox"/> (high <input type="checkbox"/> medium <input type="checkbox"/> low <input type="checkbox"/> English <input type="checkbox"/> Local Language <input type="checkbox"/>			
Contact	Address (home)			
	E-mail	※Required Fields		
	Mobile	※including National Code		
Affiliated institutions	Name of the institution	(English)	(Local language)	
	Tel	※including National Code		
	Address			
	Position		Period of Working	Years
Interest	Lecture <input type="checkbox"/> (Hangul <input type="checkbox"/> Culture <input type="checkbox"/> Education <input type="checkbox"/> Politics <input type="checkbox"/> Economics <input type="checkbox"/> Others <input type="checkbox"/>) Experience <input type="checkbox"/> (Traditional plays <input type="checkbox"/> Making Korea food <input type="checkbox"/> Making crafts <input type="checkbox"/> Others <input type="checkbox"/>)			
I verify the information above. 2020. . . Applicant: _____ (Signature) Ministry of Education				

Question & Wish list

If you have any questions or anything you want to do, please write in the space below.

(Questions related to Korean language education)

(Want to do through this conference)

Agreement on the Collection and Use of Personal Information

I agree to provide personal information related to Application of 「**2020 Korean Educators abroad international conference**」 according to Personal Information Protection Law, article 15-22.

In addition, I agree to use of the applicant's pictures, videos, voice recordings and their publishing.

■ Personal Information Collection & Usage

Collection & Usage	Purpose		Period of Use
Name, Gender, Date of Birth, Country of Residence, Nationality, Address	To use for procedures of personal identification	Management of the conference and post management	5 Years
Phone number, E-mail	To provide information updates		
Name of the affiliated institution, Academic degree, Major	For reference		

I have reviewed carefully and agreed the terms and conditions of the Agreement on the collection and use of personal information.

2020. . .

Applicant: (Signature)

Ministry of Education