

**REGISTRATION FORM
CALL FOR INNOVATION
THE 17th CENS UI 2019**

Team's Name :
University :
University's Address :
Counsellor :

| | | |
|-----------------|------------------------------|--|
| 1 st | Name | |
| | Student's ID | |
| | Phone number | |
| | LINE ID | |
| | Email | |
| | Major | |
| | Expired date of student card | |

| | |
|--|---|
| [Insert your scanned student card here] (Front Side) | [Insert your scanned student card here] (Back Side) |
|--|---|

| | | |
|-----------------|------------------------------|--|
| 2 nd | Name | |
| | Student's ID | |
| | Phone number | |
| | LINE ID | |
| | Email | |
| | Major | |
| | Expired date of student card | |

| | |
|--|---|
| [Insert your scanned student card here] (Front Side) | [Insert your scanned student card here] (Back Side) |
|--|---|

| | | |
|-----------------|------------------------------|--|
| 3 rd | Name | |
| | Student's ID | |
| | Phone number | |
| | LINE ID | |
| | Email | |
| | Major | |
| | Expired date of student card | |

| | |
|--|---|
| [Insert your scanned student card here] (Front Side) | [Insert your scanned student card here] (Back Side) |
|--|---|