

## PAPAIOS New member registration form

<b>* Required information</b>		<b>Limited disclosure</b>
<b>Title</b>		<input type="checkbox"/>
<b>First Name *</b>		<input type="checkbox"/>
<b>Middle Name</b>		<input type="checkbox"/>
<b>Last Name *</b>		<input type="checkbox"/>
<b>Gender</b>		<input type="checkbox"/>
<b>Email Address *</b>		<input type="checkbox"/>
<b>Mailing address *</b>		<input type="checkbox"/>
<b>Country *</b>		<input type="checkbox"/>
<b>Phone *</b>		<input type="checkbox"/>
<b>Year of birth *</b>		<input type="checkbox"/>
<b>Your organization (affiliation)</b>		<input type="checkbox"/>
<b>Position in your organization</b>		<input type="checkbox"/>

If you limit disclosure above information, please fill check(✓) in each box.