**THRA Member Registration Form**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | **Referrer (if any)** | | |  | | |
| **Country** |  | **State/Province** | |  | | | **Date** | |  |
| Institution |  | | | | Title | | |  | |
| Executive Position |  | | | | | | | | |
| Research focuses |  | | | | | | | | |
| Representative Publications |  | | | | | | | | |
|  | | | | | | | | | |
| Tel. |  | | Age | | |  | | | |
| Email: |  | | Gender | | |  | | | |
| LinkedIn |  | |  | | |  | | | |
| Facebook |  | | Educational Level | | | Ph.D. ( ) / Others ( ) | | | |
| Other social medias | (personal webpage, ) | | | | | | | | |
|  | | | | | | | | | |
| What are you expecting from the THRA: | | | | | | | | | |

Please submit this Form to Sunnee Shan at [sunnee@triplehelix.net](mailto:sunnee@triplehelix.net) .