**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 .