

**2016 MODEL APEC CONFERENCE**  
**PROMOTING APEC YOUTH LEADERSHIP AND ENTREPRENEURSHIP**  
**AUGUST 25 – 28, 2016 BEIJING, CHINA**

**PART 1: PERSONAL & CONTACT INFORMATION**

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**PERSONAL INFORMATION**

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| 1. Last Name (family name):  | 7. T-shirt size (XS/S/ML/XL/XXL):  |
| 2. First Name (given name):  | 8. Original language:  |
| 3. Preferred name on ID badge:   | 9. Other languages spoken (aside from English):  |
| 4. Date of birth (day/month/year):                                       |  |
| 5. Place of birth:   | 10. Do you have a valid passport? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |  |
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**PASSPORT INFORMATION (PLEASE COMPLETE THIS PART IF YOU HAVE A VALID PASSPORT)**

- |                          |                           |
|--------------------------|---------------------------|
| 11. Nationality:         | 14. Place of Issuance:    |
| 12. Passport Number:     | 15. Passport Expiry Date: |
| 13. Passport Issue Date: |                           |
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**CONTACT INFORMATION**

16. Preferred email address:
17. Contact Information:

Full address: Country: Postal Code: Home phone number: Home fax number:
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**EMERGENCY CONTACTS**

18. Emergency Contact:

Name: Relationship to you: Address: Country: Postal Code: Phone number: Email:
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**PART 2: EDUCATION**

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**EDUCATIONAL BACKGROUND**

19. Please indicate all degrees you have received or are currently pursuing:

**Degree #1:**

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Type of Degree (example: B.S., M.A., Ph.D.):  
Major:  
Name of school:  
City:  
Country:  
Date completed:  
Honors, awards, other:

**Degree #2:**

Type of Degree (example: B.S., M.A., Ph.D.):  
Major:  
Name of school:  
City:  
Country:  
Date completed:  
Honors, awards, other:

Other degrees (if you have received more than two):

20. Please indicate all relevant certificate programs you have completed or are currently pursuing:

### **PART 3: HEALTH & OTHER INFORMATION**

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#### **HEALTH & MEDICAL INFORMATION**

22. Do you have any physical, emotional, or psychological specific conditions that we should be aware of?  
 Yes  No If yes, please describe specifically:

23. Do you have any dietary restrictions and/or allergies?  Yes  No  
If yes, please describe specifically:

### **SUBMISSION GUIDELINES**

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#### **GENERAL INSTRUCTIONS**

Applicants should email the following items to [guobeisi@modelapec.com](mailto:guobeisi@modelapec.com) entitled “ Name+2016 MODEL APEC Conference” by no later than **10 August , 2016**( Beijing Time)

1. Completed application form
2. One recent photo and 1one ID photo (white background) for badge

#### **FOR INFORMATION AND QUERIES**

contact person: Beth Guo  
Tel: +86-10-84186508/ +86-18610210555  
E-mail: [guobeisi@modelapec.com](mailto:guobeisi@modelapec.com)  
Website: [www.model-apec.org](http://www.model-apec.org)