|  |  |  |
| --- | --- | --- |
| Name | First:  Last: | your portrait will be put here |
| Gender | Male 　/ Female |
| Date of birth |  |
| Nationality |  |
| phone number |  |
| E-mail address |  | |
| Affiliated institution |  | |
| Education |  | |
| Professional experience |  | |
| Fields of interest in psychiatry |  | |
| Membership of academic societies |  | |
| Message for other participants |  | |