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| **BASICE DATA** | | | | | |
| **NAME** | |  | **TELEPHONE** |  | **PHOTO** |
| **GENDER** | |  | **DAY OF BRITH** |  |
| **INSTITUTION** | |  | | |
| **MAJOR** | |  | | |
| **E-MAIL** | |  | | |
| **ADDRESS** | |  | | |
|  | | | | | |
| **EDUCATION BACKGROUND** | | | | | |
|  | | | | | |
| **PROFESSIONAL EXPERIENCE** | | | | | |
|  | | | | | |
| **AWARD** | | | | | |
|  | | | | | |
| **SIGNATURE** |  | | | | |
| Please send it to editorialoffice@frigidzonemedicine.com | | | | | |

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