

## Personal Information

<b>Title:</b>	<input checked="" type="checkbox"/> <b>Prof.</b> <input type="checkbox"/> <b>Dr.</b> <input type="checkbox"/> <b>Mr/Mrs</b>
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<b>Remarks (Any other info the member would like to share)</b>	

The form should be completed and sent to Prof. Gad El-Qady by e-mail (gadosan@yahoo.com).