**Smile Ambassador Information Form**

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| **Basic Information** | | | | | | | | |
| Name |  | | | Gender | |  | | Your Photo |
| Age |  | | | Tel | |  | |
| WhatsApp |  | | | Email | |  | |
| Location |  | | | Social Media Account | | Facebook: | |
| Level of English |  | | | Ins: | |
| **Academic Background** | | | | | | | | |
| Degree | | |  | | | | | |
| Graduation School | | |  | | | | | |
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| **Working Experience (Related to Dentistry)** | | | | | | | | |
| Time | | | Company | | | | Position | |
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| **Certification&Awards** | | | | | | | | |
| Certification | |  | | | | | | |
| Awards | |  | | | | | | |
| Attended Competition  (Related to Dentistry) | | | | | Prize | | | |
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| **Other Information** | | | | | | | | |
| Familiar with CAD/CAM | | | | | □Yes □No  If yes,list the systems you are working with and years of experience: | | | |
| Formerly cooperated with  (other dental brands) | | | | | □Yes □No  If yes,list the brands: | | | |
| Training experience | | | | | □Yes □No  If yes,list the training you organized or attended: | | | |
| Academic Capability | | | | | List the academic activities you organized or attended as a lecturer: | | | |
| Others | | | | | List the other strength you may have : | | | |
| Case | | | | | Please upload your case as attachment for reference. | | | |
| Suggestions/Expectations | | | | | You could propose your thoughts here. | | | |
| **Thanks for your biggest support！** | | | | | | | | |