**Smile Ambassador Information Form**

|  |
| --- |
| **Basic Information** |
| Name |  | Gender |  | Your Photo |
| Age |  | Tel |  |
| WhatsApp |  | Email |  |
| Location |  | Social Media Account | Facebook: |
| Level of English |  | Ins: |
| **Academic Background** |
| Degree |  |
| Graduation School |  |
|  |
|  |
| **Working Experience (Related to Dentistry)** |
| Time | Company | Position |
|  |  |  |
|  |  |  |
|  |  |  |
| **Certification&Awards** |
| Certification |  |
| Awards |  |
| Attended Competition(Related to Dentistry) | Prize |
|  |  |
|  |  |
|  |  |
| **Other Information** |
| Familiar with CAD/CAM | □Yes □NoIf yes,list the systems you are working with and years of experience:  |
| Formerly cooperated with(other dental brands) | □Yes □NoIf yes,list the brands: |
| Training experience  | □Yes □NoIf 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！** |