[Form 1] 2025 Fall Travel Award Candidate Recommendation Form

2025 Fall Travel Award Candidate Recommendation Form

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| **Candidate**(Graduate Student)※ Postdoctoral researchers and research professors are not eligible. | **Name / Affiliation** |  | **Date of Birth** |  |
| **Degree Program** | [ ]  Master's [ ]  Ph.D. [ ]  Integrated Master's & Ph.D. | **Semester** |  |
| **Mobile Phone** |  | **Email** |  |
| **Advisor** | **Name** |  | **Affiliation** |  |
| **Poster Information**(Must be a first author or co-first author poster.) | **Title** |  |
| **Presentation Type** | [ ]  (Poster) **Oral Presentation** | [ ]  **Poster Presentation** |
| **Presentation Field** (P1~12) |  |
| **Reason for Recommendation**(Approximately 300 characters, including the excellence of the presentation content.) |  |
| I hereby recommend the above-named candidate for the 2025 Fall Travel Award at the 2025 Fall International Convention of the Pharmaceutical Society of Korea (PSK)2025. MM. DD.Candidate (Signature or Seal)Supervisor (Signature or Seal)**To: The Pharmaceutical Society of Korea** |

**※ Note**

**-** When submitting your poster abstract, please select the Travel Award application option and attach this recommendation form.

**-** Travel Award winners will be announced in early October 2025 and will be notified individually.

[Form 2] Award History

Please list all awards received from the Pharmaceutical Society of Korea, such as the Outstanding Young Researcher Award, Poster Oral Presentation Award, Poster Presentation Award, and Travel Award.

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| **Date of Award** | **Award Details** |
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[Form 3] Consent to Personal Information Collection, Use, and Third-Party Provision

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| The Pharmaceutical Society of Korea intends to collect and use personal information as described below for the selection of award recipients. Please read the details carefully before deciding whether to consent. |
| □ Personal Information Collection, Use, and Provision Details

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| --- | --- | --- |
| Item | Purpose of Collection | Retention Period |
| Personal information collected in the recommendation form, such as name, date of birth, and affiliation. | Selection of award recipients | Until 1 year after the end of the project. |

※ You have the right to refuse consent to the collection and use of personal information. However, refusing consent may restrict your eligibility for the award selection process.**☞ Do you consent to the collection and use of personal information as described above?**( [ ] Yes, [ ] No )2025. MM. DD.Candidate's Name (Signature or Seal)**To: The Pharmaceutical Society of Korea** |