The 6th Global Conference on Biomedical Engineering & Annual Meeting of Taiwanese Society of Biomedical Engineering

COPYRIGHT PERMISSION FORM

In order to smoothly publish your accepted paper, please fill in and sign this COPYRIGHT PERMISSION FORM. The symposia committee will confirm your paper has been accepted upon receiving your completed COPYRIGHT PERMISSION FORM.

Whereas I have granted to **National Cheng Kung University (NCKU)** the rights and license to my paper listed below as submitted for presentation (please refer to Article 5, Authorized Content), and agree to the following terms and conditions:

Article 1    The authorized unit is not limited to place, time or times, to reproduce, distribute publish or upload on a website, by print, discs or other digital means, and publicly transfer the works to readers for online indexing, reading, downloading and printing based on the non-profit nature and teaching purposes for benefiting exchange of academic information.

Article 2    In line with the needs of collection and online services, the authorized unit has the right to change the format.

Article 3    The collection, reproduction, publication, public transmission and other usage are non-paid in accordance with this authorization form.

Article 4    I hereby agree to authorize the copyright permission of these authorized works to the authorized unit by paper, digital file and copyright permission form.

Article 5    Authorized Content:

|  |  |  |
| --- | --- | --- |
| Paper No. | Title of Paper | Names of All Authors |
|  |  |  |
|  |  |  |

Article 6    I hereby agree to authorize the authorized unit to collect and use my personal information for dealing with affairs related to the symposia.

Article 7    I warrant that I have the right to authorize rights to the above works to other parties, and accept responsibility to resolve any related disputes and bear full legal liability for any dishonesty or dispute with a third party.

Duly Signed by：

 (Signature/Seal)

Identification Card No.：

Address：

Telephone No.：

\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_

day/ month / year

◎ Works that are not thus authorized will not be published.

◎ Your authorization is highly appreciated. Please completely fill in and sign this form, then submit to the responsible staff member for your symposium section.