## 25<sup>th</sup> Anniversary GIST Commemorative Monument J Idea Contest

## 1. Application(Team)

Name (representative)	Date of Birth
Department	
Contact	
E-mail	
Applicant 1	Department
Applicant 2	Department
Applicant 3	Department
Applicant 4	Department

## 2. Privacy Policy Agreement \*Only fill out the representative

Privacy Policy Agreement								
GIST wants to gather the following information from you regarding the 25 <sup>th</sup> anniversary								
commemorative monument idea contest.								
Information collected	· Name, date of birth, contact, email address							
Use of information	Application     Selection process and follow-up management							
Storage of information	· 3 years · Information will be destroyed once the purpose is accomplished							
By signing here, I hereby agree and consent to the Privacy Policy.								
□ YES □ NO								
You are free to disagree with the Privacy Policy. However, failure to agree might result in the application being void.								

I have read and agree to the Privacy Policy.

. . .2017

Name (인)

## 3. GIST Commemorative Monument a Idea Contest

Title ** You may leave this blank  Content ** Can be written freely for the monument such as design sketch or storytelling, etc.	* Number	<b>፠</b> Leave Blank	Applicant					
** Can be written freely for the monument such as design sketch or			Name		Dept.			
	Title	* You may leave this blank						
	Content			for the monument	such as design ske	tch or		

<sup>\*</sup> Creativity, purpose suitability, and possibility will be the criteria.

<sup>\*</sup> Additional materials can be attached.