

NGN Technical Workshop Speaker's Biography and Audio-Visual Equipment Form

*Please fill in this form and email it to the Secretariat of NGN Technical Workshop

Secretariat: Ally Kim (Ms.)

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Deadline: February 28, 2005 Speaker Details Mr. First Name: Chae Sub Middle Name: Last Name: LEE Affiliation 1 (Dept./ Division): President Affiliation 2 (Univ./ Company): Kon-Kuk University / HiSPOT S.A. Phone: +41 76 411 4871 Fax: ex) +Country code - Area code - Fax number E-mail: chae-sub.lee@ties.itu.int 64 Chemin Auguste Vilbert, 1218 Grand-Saconnex, Geneva, Switzerland Address: Session Title: Keynote 2 (NGN Focus Group Activities) Flight Schedule Arrival Departure Date / Time 12 March / 16:15 2 April / 13:30 Flight No. KE 902 KE 917 *Please write your biography briefly. Educational Background Period School Major and Degree Kon-Kuk University $1979 \sim 1983$ Electronics / Bachelor Kon-Kuk University Graduate 1983 ~ 1985 Computer science / Master School Experience Period Organization Position and Duty Researcher / Development of ISDN $1986 \sim 1992$ KT R&D Group Senior Researcher / Develop B-ISDN and $1993 \sim 2004$ KT R&D Group KII I wish to use the following equipment for my oral presentation √ LCD (Beam Projector) Slide Projector Overhead Projector ☐ VTR I don't use any equipment