# OIFWOG2020 Registration Form

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| --- | --- | --- | --- |
| Group/Personal Participation Information | | | |
| \*Contact person |  | \*Affiliation |  |
| \*Job position |  | Department |  |
| \*E-mail |  | \*Mobile |  |
| Address & Postcode |  | \*Number of delegates |  |
| Industry experiences |  | Research area |  |
| Registration for speaker | | | |
| Speaker |  | | |
| \*Presentation title |  | | |
| Keywords |  | | |
| \* Introduction of presentation |  | | |
| CV of speaker |  | | |

Note:

1. The information in the position of marked \* is required to fill.

2. If you have any proposal of presentation, please fill in this form and send back to committee via [shuziyoutian@163.com](mailto:shuziyoutian@163.com) before 30th September, 2020.