# 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 before 30th September, 2020.