

## Profile

**Title:** Mr.

**First Name:** Raymond

**Middle Name:**

**Last Name:** Chang Lau

**Gender:**

**Department:**

**Affiliation:**

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**Phone Number:** 3058852385

## Special Needs

**Please describe special accommodation you may require in order to participate:**

**Meal Accommodations:**

## Background Information

**Courses taught with significant programming content:**

**Programming language(s) used in course(s):**

**Are you willing to integrate testing into your course(s) in future semesters (Yes/No):**

**Describe your knowledge of testing:**

**Indicate testing tools that you are familiar with:**

**Any specific topics related to testing or testing tools you would like covered in the workshop:**