**Registration Form for IFAISE2020 Participants**

1. **Personal Information**

|  |  |
| --- | --- |
| First name |  |
| Middle name |  |
| Last name |  |
| Gender | [   ]male [ ]female |
| Centre/Unit/Faculty/Dept. of |  |
| University Name/Company Name |  |
| Position |  |
| Salutation | [ ] Prof.; [ ] Dr.; [ ] Ms.; [ ] Mr.; Others \_\_\_\_\_\_\_\_\_ |
| Country |  |
| E-mail |  |
| Phone number |  |
| Apply for online presentation | [   ]yes [ ]no |
| Abstract submission | [   ]yes [ ]no |
| Full paper submission | [   ]yes [ ]no |

1. **Submission information**

|  |  |
| --- | --- |
| Title |  |
| Author (s) |  |
| Abstract |  |

Please return this form via e-mail to the address: [IFAISE2020@163.com](mailto:IFAISE2020@163.com) before Dec.,21th, 2020 and give a clear indication about the intention of your message in your email subject area to avoid delay.