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| **Proposal Form for Program Committee/Reviewer** |
| **Interested Conference (s):**(Please provide us the full name of the conference you are interested in. You could choose THREE conferences at most.) |
| **Interested Role:**(Please choose ONE role and mark it in YELLOW.)* **Program Committee Member**
* **Reviewer**
 |
| **The Required Information for Program Committee /Reviewer** |
| Name:Title: Affiliation:Research Field(s):(Please provide us your name, title, affiliation and research field; the affiliation should include department/faculty, university/institute, city and country.) |

Please complete this file and send it together with your CV to the email: papersubmission@163.com