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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