Registration Information Form

***Note：***

1. *This form is complimentary to finish the registration. Please sent it to* wi.iat.2020.12@gmail.com once it is filled.
2. *Any term with a star (\*) are necessary terms while others are optional.*

**Registration Information**

|  |  |  |
| --- | --- | --- |
| **First Name\*** | **Middle Name** | **Last Name\*** |
|  |  |  |
| **Paper ID** |  |
| **Paper Title** |  |
| **First Name (for Badge)\*** | **University/Company** |
|  |  |
| **Mailing Address line 1#** | **Mailing Address Line 2#** |
|  |  |
| **City** | **State/Province/Region** | **Zip/Postal Code** |
|  |  |  |
| **Country** |
|  |
| **Telephone\*** | **Fax** | **Email\*** |
|  |  |  |
| **Number of Papers You will Presenting** | **Extra Paper ID:** | **Total payment**  |
|  |  |  |
| **Extra pages:**  |