

CCCG 2020 Registration Request

Contact Information

Prefix: _____

First name*(required): _____

Last name*(required): _____

Email*(required): _____

Company*(required): _____

Gender (collected for statistical reporting) *(required)

- Female
- Male
- Other
- Prefer Not to Answer

Are you a presenter for a paper at CCCG 2020? If so, then provide the ID of the papers you will be presenting. Otherwise, please leave it blank.

If you are registering as a student, then please provide the name of your academic advisor.
