Submission Form

Kindly fill and submit this form with its required documents to <u>capcr@csus.edu</u>

Personal Particulars

- 1. * Full Name:
- 2. Co-Presenter's Name:
- 3. *Email Address:
- 4. *Phone Number:
- 5. *Institutional/Professional Affiliation(s):
- 6. *Current Position:

Please tick if submitting as a student

*Abstract Proposal Submission: You may type this out or send this as a document.

*Declaration:

I declare that all information provided is fully accurate to my knowledge, and my submission is my work.

Signature (Name):

Date:

PROGRAM CHAIR AND CONTACT INFORMATION:

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CAPCR Director: Dr. Ernest Uwazie

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Re: CAPCR Conference 2026 -CFP