

Facial Identification Scientific Working Group (FISWG) Letter of Interest

Name:

Employer:

Work address:

Email address:

Telephone:

Select one Primary Interest:

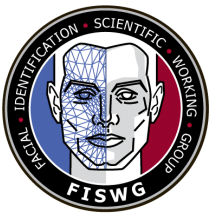
Select one Category:

Select one Primary Duty:

Total years of FR and/or FI experience:

Select Education level:

What is your agency or organization's current activity related to facial identification or facial recognition?



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Please provide any additional education and experience related information.

What do you feel your agency or organization could contribute to FISWG?

By checking this box, I acknowledge that I have read and understood the FISWG bylaws (<https://fiswg.org/documents.html>).

By checking this box, I acknowledge that FISWG is a self-funded volunteer organization. All travel and related expenses are the responsibility of the agency, organization, or individual.