**Registration form and submission of a contribution   
to the Systems Vision Science Symposium 2024**

Please fill this form send it to [svs.summerschool@tue.mpg.de](mailto:svs.summerschool@tue.mpg.de), saved as PDF and named “svs\_symposium\_Last name\_First name.pdf”.   
Deadline for sending contributions is **June 28, 2024, 2024**  
Registration without contribution is possible until capacity or deadline for organization is reached.

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| --- | --- |
| **Personal Information** |  |
| First name |  |
| Last name |  |
| Street name and house number |  |
| Postal/zip code |  |
| City |  |
| Country |  |
| Affiliation |  |
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| E-Mail address |  |
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| Date of birth (optional) |  |
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**Please select:**

I want to contribute, abstract enclosed below

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**Through what did you hear about the Systems Vision Science Symposium?**

mailing list (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

poster/flyer

word of mouth

social media (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

others (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**In case of submitting a contribution, please provide an abstract of your work (max. 300 words, excluding title, authors and affiliations)**