**Registration form and submission of a contribution
to the Systems Vision Science Symposium 2025**

Please fill this form send it to svs.summerschool@tue.mpg.de, saved as PDF and named “svs\_symposium\_Last name\_First name.pdf”.
Deadline for sending contributions is **Wednesday, April 30, 2025**.
Registration without contribution is possible until capacity or deadline for organization is reached.

|  |  |
| --- | --- |
| **Personal Information** |   |
| First name |   |
| Last name |  |
| Street name and house number |   |
| Postal/zip code |  |
| City |  |
| CountryInvoice Address |  |
| Affiliation |   |
| Job title |  |
| E-Mail address |   |
| Phone number |  |
| Date of birth (optional) |   |
| Gender (optional) |   |
| Nationality |   |
|  Food preference | 🞎 Meat/Fish 🞎 Veggie |

**Please select:**

[ ]  I want to contribute with a poster

[ ]  I want to register without contribution

**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)**

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