

Presentation Application Form

I. Personal information	
Name	
Surname	
Preferred gender pronouns	
Email address	
<p><i>(Optional)</i> For applicants who are studying or working at Canadian universities: To help us apply equity, diversity, and inclusion principles, please select if you self-identify with any of the following groups:</p> <p> <input type="checkbox"/> Women <input type="checkbox"/> Members of LGBTQ2+ communities <input type="checkbox"/> Indigenous peoples <input type="checkbox"/> Members of visible minorities/racialized people <input type="checkbox"/> Persons with disabilities <input type="checkbox"/> None <input type="checkbox"/> I prefer not to answer </p> <p><i>This information is collected exclusively for the application of EDI principles and statistical purposes. Your personal data will not be stored, shared, or sold to any other party.</i></p>	
II. Academic information	
University	
Department	
City	Country
Please select which applies to you:	
<input type="checkbox"/> M.Sc. <input type="checkbox"/> Ph.D. <input type="checkbox"/> Postdoc	
Please select you preferred presentation time slot:	
<input type="checkbox"/> 1:00 pm – 3:00 pm (EDT / UTC -4:00) <input type="checkbox"/> 4:00 pm - 6:00 pm (EDT / UTC -4:00)	
<p><i>Please note that we cannot guarantee that we will be able to provide you with your preferred time slot.</i></p>	

III. Presentation Details

Title:

Abstract:

(Max. 150 words)

Please select the categories closest to the field of your presentation:

- | | |
|--|--|
| <input type="checkbox"/> Mathematical relativity | <input type="checkbox"/> Numerical relativity |
| <input type="checkbox"/> Quantum gravity | <input type="checkbox"/> String Theory |
| <input type="checkbox"/> Gravitational waves | <input type="checkbox"/> Relativistic astrophysics |
| <input type="checkbox"/> Cosmology | <input type="checkbox"/> Others* |

*If others, please specify: _____