**Event-Based Vision Camera “SilkyEvCam®”**

**Application Idea and Algorithm Contest 2024**

**Entry Form**

Please read the contest guidelines carefully and make sure you understand them before entering.

If the entrant is under 18 years of age, please also submit a "Letter of Consent" form signed by person with parental authority (guardian).

Email address for the entry form should be sent：pr@centuryarks.com

The subject of the e-mail：Application idea and Algorithm Contest Entry Form

|  |  |
| --- | --- |
| Date  | 　　　　 |
| Name of Entrant Representative |  | Date of Birth (Age) |
| 　　（　　 ） |
| Contact information | Mailing address |  |
| Tel |  |
| E-mail |  |
| Name of organization（ex. school and institutes） |  |
| Department/Major |  | Grade/Year of Study/Number of years of study |  |
| Main Research |  |
| Please briefly describe any thoughts or ideas you have for the entry. |
|  |

If you are entering as a team or group, please provide the name of the team or group and the members other than the representative listed above in the next section. If the table of members is insufficient, please add a table and fill it in.

In addition, as well as the representative of the entrant, if the entrant is under 18 years of age, a "Letter of Consent" form signed by a person with parental authority (guardian) is required.

|  |  |
| --- | --- |
| Name of entry team/group |  |

|  |  |  |
| --- | --- | --- |
| Member 1 | Name |  |
| Date of Birth (Age) |  （　　） |
| E-mail |  |
| Name of organization（ex. school and institutes） |  |
| Dept. /Major/Research |  |
| Grade/Year of Study/Number of years of study |  |
| Member 2 | Name |  |
| Date of Birth (Age) |  （　　） |
| E-mail |  |
| Name of organization（ex. school and institutes） |  |
| Dept. /Major/Research |  |
| Grade/Year of Study/Number of years of study |  |
| Member 3 | Name |  |
| Date of Birth (Age) |  （　　） |
| E-mail |  |
| Name of organization（ex. school and institutes） |  |
| Dept. /Major/Research |  |
| Grade/Year of Study/Number of years of study |  |
| Member 4 | Name |  |
| Date of Birth (Age) |  （　　） |
| E-mail |  |
| Name of organization（ex. school and institutes） |  |
| Dept. /Major/Research |  |
| Grade/Year of Study/Number of years of study |  |
| Member 5 | Name |  |
| Date of Birth (Age) |  （　　） |
| E-mail |  |
| Name of organization（ex. school and institutes） |  |
| Dept. /Major/Research |  |
| Grade/Year of Study/Number of years of study |  |