

# NCATS Translational Science Education and Training Challenge Participant Registration Form

## Section 1:

I am registering for this Challenge as a(n):

- INDIVIDUAL** (*i.e.* on behalf of myself).<sup>a</sup> If you checked this box, you must complete Section 2.
- TEAM** (*i.e.* on behalf of a group of individuals).<sup>b</sup> If you checked this box, you must complete Section 3.
- ENTITY** (*i.e.* on behalf of a legally established organization, institution, or corporation).<sup>c</sup> If you checked this box, you must complete Section 4.

## Section 2 (INDIVIDUAL):

If you are registering for this Challenge as an INDIVIDUAL (*i.e.* on your OWN behalf and NOT on behalf of a TEAM or an ENTITY), provide your name and contact information as follows:

Last Name:	First Name:	Middle Name:
Phone Number:	Email:	
City:	State:	Zip Code:
Country:	Affiliation (for biographical purposes only):	

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<sup>a</sup> To be eligible to win a monetary prize under this Challenge, a Participant registering on behalf of themselves (*i.e.* as an INDIVIDUAL) must be a citizen or permanent resident of the United States. Non-U.S. citizens and non-permanent residents are not eligible to win a monetary prize (in whole or in part).

<sup>b</sup> To be eligible to win a monetary prize under this Challenge, a Participant registering on behalf of a group of individuals (*i.e.* as a TEAM) must be a citizen or permanent resident of the United States. However, non-U.S. citizens and non-permanent residents can participate as a member of a TEAM that otherwise satisfies the eligibility criteria. Non-U.S. citizens and non-permanent residents are not eligible to win a monetary prize (in whole or in part). Their participation as part of a winning TEAM, if applicable, may be recognized when the results are announced.

<sup>c</sup> For a legally established organization, institution, or corporation (*i.e.* an ENTITY) to be eligible to win a monetary prize under this Challenge, the ENTITY must be incorporated in and maintain a primary place of business in the United States.

Additionally, complete the following certification:

I have read and understand the official eligibility criteria, rules, and requirements of the Challenge as stated in the *Announcement of Requirements and Registration for the [Insert name of Challenge]* \_\_\_\_\_. I agree that to participate in the Challenge, I must comply with the official eligibility criteria, rules, and requirements and that my participation in this Challenge constitutes my full and unconditional agreement to abide by them.

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Signature	Print Name	Date
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### Section 3 (TEAM):

If you are registering for this Challenge on behalf of a TEAM (i.e. you and all members are participating on your own behalf and NOT on behalf of an ENTITY), provide the following information about the TEAM LEADER:

Last Name:	First Name:	Middle Name:
Phone Number:	Email:	
City:	State:	Zip Code:
Country:	Affiliation ( <i>optional</i> ):	

Also, provide the name(s) and contact information for each member of the TEAM:

- |         |        |              |
|---------|--------|--------------|
| • Name: | Email: | Affiliation: |
| • Name: | Email: | Affiliation: |
| • Name: | Email: | Affiliation: |
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| • Name: | Email: | Affiliation: |
| • Name: | Email: | Affiliation: |

Additionally, the TEAM LEADER and EACH TEAM MEMBER must complete the following certification:

I have read and understand the official eligibility criteria, rules, and requirements of the Challenge as stated in the *Announcement of Requirements and Registration for the [Insert name of Challenge]* \_\_\_\_\_. I agree that to participate in the Challenge, I must comply with the official eligibility criteria, rules, and requirements and that my participation in this Challenge constitutes my full and unconditional agreement to abide by them.

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**Section 4 (ENTITY):**

If you (alone or with multiple individuals) are registering for this Challenge on behalf of an ENTITY (*i.e.*, you and others, as applicable, are NOT registering on your own behalf, but you are registering on behalf of an ENTITY), provide the contact information for that ENTITY:

- ENTITY Name:
- City, State, Zip Code, Country:

Please also provide the following information for a POINT OF CONTACT for the participating ENTITY. The POINT OF CONTACT is the individual who is participating in the challenge on behalf of an ENTITY. If multiple individuals are participating together on behalf of an entity, the POINT OF CONTACT is the lead for the group.

Last Name:                              First Name:                              Middle Name:  
 Phone Number:                              Email:

If multiple individuals are participating together on behalf of an entity, provide the name(s) and contact information for all other individuals:

- |         |        |              |
|---------|--------|--------------|
| • Name: | Email: | Affiliation: |
| • Name: | Email: | Affiliation: |
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Additionally, the POINT OF CONTACT must complete the following certification:

I certify that I have the authority to register for this Challenge on behalf of the ENTITY listed above; that the ENTITY meets the eligibility criteria stated in the *Announcement of Requirements and Registration for the [Insert name of Challenge]* \_\_\_\_\_; and that the ENTITY agrees to comply with the official rules and requirements of the Challenge and that participation in this Challenge constitutes full and unconditional agreement to abide by them.

Signature	Print Name	Date

If multiple individuals are participating together on behalf of an entity, all individuals must complete the following certification:

I have read and understand the official eligibility criteria, rules, and requirements of the Challenge as stated in the *Announcement of Requirements and Registration for the [Insert name of Challenge]* \_\_\_\_\_. I agree that to participate in the Challenge, I must comply with the official eligibility criteria, rules, and requirements and that my participation in this Challenge constitutes my full and unconditional agreement to abide by them.

Signature	Print Name	Date

Signature	Print Name	Date

Signature	Print Name	Date

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