

## Team Information (13)

One form for each team must be submitted

**Section 1. Team Leader Information** *(Please note: your age and grade will only be used to compile a demographic summary of fair participants once the fair is completed.)*

Student Name (Team Leader): \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Student E-Mail (Team Leader): \_\_\_\_\_ Phone: \_\_\_\_\_

The team leader is responsible for communicating any and **all important information** regarding BEST Medicine to the rest of the team and is responsible for **completing the online registration** for themselves and on behalf of their team members.

**Section 2. Team Members** *(Please note: your age and grade will only be used to compile a demographic summary of fair participants once the fair is completed.)*

Student Name (Team Member 2): \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Student E-Mail (Team Member 2): \_\_\_\_\_ Phone: \_\_\_\_\_

Student Name (Team Member 3): \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Student E-Mail (Team Member 3): \_\_\_\_\_ Phone: \_\_\_\_\_

Student Name (Team Member 4): \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Student E-Mail (Team Member 4): \_\_\_\_\_ Phone: \_\_\_\_\_

### Section 3. School Information

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Teacher E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Did your school host an engineering/science fair? Yes No

Did you participate in your school's engineering/science fair? Yes No

| Project Category (Check ONLY ONE in each column) | Grade Level  |
|--|--|
| Biomaterials/Polymer Medicine                    | 6  |
| Cardiovascular/Soft Tissue Wound Healing         | 7  |
| Clinical Trials                                  | 8  |
| Health/Medicine                                  | 9  |
| Medical Devices                                  | 10   |
| Modeling/Simulation/Medical IT                   | 11   |
| Musculoskeletal                                  | 12   |
| Sensors/Imaging                                  | * Categories may be changed or added by the Chair to benefit the student(s). |
| Value-driven Engineering                         |  |

Title of Project \_\_\_\_\_

Is your engineering fair project a continuation from a previous year's project? Yes No

Contact: bestmedicine@uakron.edu

BEST Medicine Engineer Fair, 2018