

## 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

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