



## REGISTRATION FORM

**Leading student:** \_\_\_\_\_, \_\_\_\_\_

first name

last name

e-mail address: \_\_\_\_\_

**Faculty member endorsing the project:** \_\_\_\_\_, \_\_\_\_\_

first name

last name

e-mail address: \_\_\_\_\_

**University:** \_\_\_\_\_

**Program of studies:** \_\_\_\_\_

**Second team member:** \_\_\_\_\_, \_\_\_\_\_

first name

last name

e-mail address: \_\_\_\_\_

**Third team member:** \_\_\_\_\_, \_\_\_\_\_

first name

last name

e-mail address: \_\_\_\_\_

**Fourth team member:** \_\_\_\_\_, \_\_\_\_\_

first name

last name

e-mail address: \_\_\_\_\_

**Project description** (less than 100 words): \_\_\_\_\_

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NOTE: Those invited to continue to **Phase 2** will send the video before the date set in the calendar to the email address that will be provided in the invitation.