**EMedIC Global 2021 Registration Form**  
  
**School or Organization  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Country / Region**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Project Topic**

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\*Faculty Advisor (First name, Last Name, Department, Position, Email)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\* If faculty advisor is more than one, please add new row. **Team Member 1 –** *Leader and contact person* **(First name, Last Name, Department, Email)  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Team Member 2 (First name, Last Name, Department, Email)  
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Team Member 3 (First name, Last Name, Department, Email)  
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Team Member 4 (First name, Last Name, Department, Email)  
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Team Member 5 (First name, Last Name, Department, Email)  
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Team Member 6 (First name, Last Name, Department, Email)**

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If we are selected as finalist, we accept 3-min video published in EMedIC Global official website.

*\*Please select the check box with “X”. If the box is not selected, your team may not be considered in the finalist.*