

Is your team entering for the AMR Student Innovation Award? (Majority of team must be students, with max. one named non-student mentor)\*      Yes      No

**Lead Applicant:**

|  |                             |
|--|-----------------------------|
| <b>First Name*:</b>  | <b>Family Name*:</b>        |
| <b>Email Address*:</b>   | <b>Are they a student?*</b> |
| <b>Affiliation/employer*:</b>  |                             |
| <b>Country*:</b>   |                             |
| I have read and agree to the <a href="#">terms of participation</a> * <input type="checkbox"/> |                             |

**Team Member #2**

|  |                             |
|--|-----------------------------|
| <b>First Name*:</b>  | <b>Family Name*:</b>        |
| <b>Email Address*:</b>   | <b>Are they a student?*</b> |
| <b>Affiliation/employer*:</b>  |                             |
| <b>Country*:</b>   |                             |
| I have read and agree to the <a href="#">terms of participation</a> * <input type="checkbox"/> |                             |

**Team Member #3**

|  |                             |
|--|-----------------------------|
| <b>First Name*:</b>  | <b>Family Name*:</b>        |
| <b>Email Address*:</b>   | <b>Are they a student?*</b> |
| <b>Affiliation/employer*:</b>  |                             |
| <b>Country*:</b>   |                             |
| I have read and agree to the <a href="#">terms of participation</a> * <input type="checkbox"/> |                             |

**Team Member #4**

|  |                             |
|--|-----------------------------|
| <b>First Name*:</b>  | <b>Family Name*:</b>        |
| <b>Email Address*:</b>   | <b>Are they a student?*</b> |
| <b>Affiliation/employer*:</b>  |                             |
| <b>Country*:</b>   |                             |
| I have read and agree to the <a href="#">terms of participation</a> * <input type="checkbox"/> |                             |

**Team Member #5**

|  |                             |
|--|-----------------------------|
| <b>First Name*:</b>  | <b>Family Name*:</b>        |
| <b>Email Address*:</b>   | <b>Are they a student?*</b> |
| <b>Affiliation/employer*:</b>  |                             |
| <b>Country*:</b>   |                             |
| I have read and agree to the <a href="#">terms of participation</a> * <input type="checkbox"/> |                             |

**\*Required Field**