Team Application Form

Team Name *

Name of Primary Contact *
Please provide the primary contact's first and last name.

Institution *
Please state the institution from which your team is based

Institution Type (Underline your selection) *

- ☐ Academia
- ☐ Industry
- ☐ Government
- ☐ NGO
- ☐ Non-profit
- ☐ Other:

Email Address of Primary Contact *

Are there any nearby teams that you have asked to help you? (Underline your selection) *

- ☐ Yes
- ☐ No

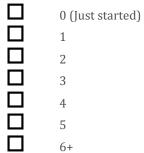**How many times per month would you like to meet with your mentor? (Underline your selection)** *

- ☐ 1
- ☐ 2

☐   3+

iGEM Region (Underline your selection) *

☐   Asia

☐   North America

☐   Europe

☐   Latin America

☐   Africa

Number of years of iGEM experience (Underline your selection) *

☐   0 (Just started)

☐   1

☐   2

☐   3

☐   4

☐   5

☐   6+

Why would you like to be mentored? *

Do you have a project idea already? If so, please describe your idea. If not, is there any area of interest you would like to focus your project on? *