

Team Application Form

* Required

For the following questions, please provide a short answer response.

Team Name *

Name of Primary Contact *

Please provide the primary contact's first and last name.

Email Address of Primary Contact *

Institution *

Please state the institution from which your team is based

For the following questions, please choose one of the below responses to answer

Institution Type *

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

Are there any nearby teams that you have asked to help you? *

- Yes
- No

How many times per month would you like to meet with your mentor? *

- 1
- 2
- 3+

iGEM Region *

- Asia
- North America
- Europe
- Latin America
- Other:

Number of years of iGEM experience *

0 (Just started)

1

2

3

4

5

6+

For the following questions, please provide a paragraph response under 500 words.

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? *