



3-D Retina Organoid Challenge (3-D ROC)

Participant Registration Form



Submissions should be emailed to NEIORM@nei.nih.gov

Section 1:

A. I am registering for this Challenge as a(n):

- INDIVIDUAL**^a (*i.e.* on behalf of myself). If you checked this box, you must complete Section 2.
- TEAM**^b (*i.e.* on behalf of a group of individuals). If you checked this box, you must complete Section 3.
- ENTITY**^c (*i.e.* on behalf of a legally established organization, institution, or corporation in the United States). If you checked this box, you must complete Section 4.

NOTE: When making a choice of whether to submit as a TEAM or an ENTITY, the difference will be how the prize is paid; for a TEAM, it will be paid to the TEAM LEADER who may distribute it to other TEAM members in a manner previously agreed to, and for an ENTITY, it will be paid to the ENTITY itself.

B. Do you intend to use Federal funds from a grant award or cooperative agreement to develop your Challenge submission or to fund efforts in support of your Challenge submission?^d

- Yes
- No

NOTE: If you check YES, then you must register as an ENTITY (see Section 4) and participate on behalf of the entity that is the awardee or recipient of the grant or cooperative agreement.

Please provide the following information about your Program Officer, if applicable:

Last Name:	First Name:
Email:	Affiliation:

^a To be eligible to win a monetary prize under this Challenge, a Participant registering on behalf of themselves (*i.e.* as an INDIVIDUAL) must be a citizen or permanent resident of the United States. Non-U.S. citizens and non-permanent residents are not eligible to win a monetary prize (in whole or in part).

^b To be eligible to win a monetary prize under this Challenge, a Participant registering on behalf of a group of individuals (*i.e.* as a TEAM) must be a citizen or permanent resident of the United States. However, non-U.S. citizens and non-permanent residents can participate as a member of a TEAM that otherwise satisfies the eligibility criteria. Non-U.S. citizens and non-permanent residents are not eligible to win a monetary prize (in whole or in part). Their participation as part of a winning TEAM, if applicable, may be recognized when the results are announced.

^c For a legally established organization, institution, or corporation (*i.e.* an ENTITY) to be eligible to win a monetary prize under this Challenge, the ENTITY must be incorporated in and maintain a primary place of business in the United States

^d Participants may not use Federal funds from a grant award or cooperative agreement to develop their Challenge submissions or to fund efforts in support of their Challenge submissions unless use of such funds is consistent with the purpose, terms, and conditions of the grant award or cooperative agreement. Participants intending to use Federal grant or cooperative agreement funds must register for and participate in the Challenge on behalf of the awardee institution or organization (*i.e.* as an ENTITY). If a participant uses Federal grant or cooperative agreement funds and wins the Challenge, the prize must be treated as program income for purposes of the original grant or cooperative agreement in accordance with applicable Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR § 200). Federal contractors may not use federal funds from a contract to develop their Challenge submissions or to fund efforts in support of their Challenge submissions.

Section 2 (INDIVIDUAL):

If you are registering for this Challenge as an INDIVIDUAL (i.e. on your OWN behalf and NOT on behalf of a TEAM or an ENTITY), provide your name and contact information as follows:

Last Name: First Name: Middle Name:
Phone Number: Email: Affiliation:

Additionally, complete the following certification:

I have read and understand the official eligibility criteria, rules, and requirements of the Challenge as stated in the *Announcement of Requirements and Registration for 3-D ROC*. I agree that to participate in the Challenge, I must comply with the official eligibility criteria, rules, and requirements and that my participation in this Challenge constitutes my full and unconditional agreement to abide by them.

Signature

Print Name

Date

Section 3 (TEAM):

If you are registering for this Challenge on behalf of a TEAM (i.e. you and all members are participating on your own behalf and NOT on behalf of an ENTITY), provide the following information about the TEAM LEADER:

Last Name: First Name: Middle Name:
Phone Number: Email: Affiliation:

Also, provide the name(s) and contact information for each member of the TEAM:

Name:	Email:	Affiliation:
Name:	Email:	Affiliation:
Name:	Email:	Affiliation:
Name:	Email:	Affiliation:
Name:	Email:	Affiliation:
Name:	Email:	Affiliation:
Name:	Email:	Affiliation:
Name:	Email:	Affiliation:

Additionally, the TEAM LEADER must complete the following certification:

I have read and understand the official eligibility criteria, rules, and requirements of the Challenge as stated in the *Announcement of Requirements and Registration for 3-D ROC*. I agree that to participate in the Challenge, I must comply with the official eligibility criteria, rules, and requirements and that my participation in this Challenge constitutes my full and unconditional agreement to abide by them.

Signature

Print Name

Date

All individuals (additional team members) must complete the following certification:

I have read and understand the official eligibility criteria, rules, and requirements of the Challenge as stated in the *Announcement of Requirements and Registration for the 3-D Retina Organoid Challenge*. I agree that to participate in the Challenge, I must comply with the official eligibility criteria, rules, and requirements and that my participation in this Challenge constitutes my full and unconditional agreement to abide by them.

_____ Signature	_____ Print Name	_____ Date
_____ Signature	_____ Print Name	_____ Date
_____ Signature	_____ Print Name	_____ Date
_____ Signature	_____ Print Name	_____ Date
_____ Signature	_____ Print Name	_____ Date
_____ Signature	_____ Print Name	_____ Date
_____ Signature	_____ Print Name	_____ Date
_____ Signature	_____ Print Name	_____ Date

Section 4 (ENTITY):

If you (alone or with multiple individuals) are registering for this Challenge on behalf of an ENTITY (*i.e.*, you and others, as applicable, are NOT registering on your own behalf, but you are registering on behalf of an ENTITY), provide the contact information for that ENTITY:

- ENTITY Name:
- City, State, Zip Code, Country:

Also, you must receive approval from the **institute’s Authorized Signing Official** to participate on behalf of this entity:

I certify that I have the authority to approve for the POINT OF CONTACT below to register and participate on behalf of the ENTITY listed above; that the ENTITY meets the eligibility criteria stated in the Announcement of Requirements and Registration for 3-D ROC; and that the ENTITY agrees to comply with the official rules and requirements of the Challenge and that participation in this Challenge constitutes full and unconditional agreement to abide by them.

_____ Signature	_____ Print Name	_____ Date
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Please also provide the following information for a POINT OF CONTACT for the participating ENTITY. The POINT OF CONTACT is the individual who is participating in the challenge on behalf of an ENTITY. If multiple individuals are participating together on behalf of an entity, the POINT OF CONTACT is the lead for the group.

Last Name:	First Name:	Middle Name:
Phone Number:	Email:	

If multiple individuals are participating together on behalf of an entity, provide the name(s) and contact information for all other individuals:

Name:	Email:	Affiliation:
Name:	Email:	Affiliation:

Name:	Email:	Affiliation:
Name:	Email:	Affiliation:
Name:	Email:	Affiliation:
Name:	Email:	Affiliation:
Name:	Email:	Affiliation:
Name:	Email:	Affiliation:

Additionally, the POINT OF CONTACT must complete the following certification:

I certify that I have the authority to register for this Challenge on behalf of the ENTITY listed above; that the ENTITY meets the eligibility criteria stated in the *Announcement of Requirements and Registration for 3-D ROC*; and that the ENTITY agrees to comply with the official rules and requirements of the Challenge and that participation in this Challenge constitutes full and unconditional agreement to abide by them.

_____	_____	_____
Signature	Print Name	Date

If multiple individuals are participating together on behalf of an entity, all individuals must complete the following certification:

I have read and understand the official eligibility criteria, rules, and requirements of the Challenge as stated in the *Announcement of Requirements and Registration for the 3-D Retina Organoid Challenge*. I agree that to participate in the Challenge, I must comply with the official eligibility criteria, rules, and requirements and that my participation in this Challenge constitutes my full and unconditional agreement to abide by them.

_____	_____	_____
Signature	Print Name	Date
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Signature	Print Name	Date
_____	_____	_____
Signature	Print Name	Date

Contact the NEI Office of Regenerative Medicine if you have any questions at NEIORM@nei.nih.gov or NEI3dROC@mail.nih.gov.