

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY
SYNTHETIC HEALTH DATA CHALLENGE REGISTRATION
INSTRUCTION PAGE (DO NOT SUBMIT)

Instructions and Additional Information for Completing this Form

A completed registration form must be submitted with each Phase I Proposal Package.

Part 1. A team name is optional.

Part 2. All direct communications from the Challenge organizers will be sent via the email provided. Note that communications regarding judging and award decisions will be sent ONLY to the provided email.

Part 3. Complete information is required for each Team Member. Provide email ONLY if Team Member is to receive duplicate informational emails from Challenge organizers.

Part 4. Before initialing this section, refer to the [Challenge.gov website](#) to review detailed submission instructions.

Part 5. The certification MUST be signed by the Individual Participant or the Team Leader and all Team Members. Refer to the [Challenge.gov website](#) to review all Synthetic Health Data Challenge Rules and Terms and Conditions before signing.

SYNTHETIC HEALTH DATA CHALLENGE REGISTRATION FORM

Part 1. Date, Proposal Title, Team Name

Date:
Proposal Title:
Team Name:

Part 2. Information About Individual Participant or Team Leader

Name:	
Organization:	
Address:	
City, State, Zip:	
Email:	Cell Phone:

Part 3. Information About Team Members (If applicable)

Name	
Organization:	
Address	
City, State, Zip	Email (optional):

Name	
Organization:	
Address	
City, State, Zip	Email (optional):

Name	
Organization:	
Address	
City, State, Zip	Email (optional):

Name	
Organization:	
Address	
City, State, Zip	Email (optional):

Name	
Organization:	
Address	
City, State, Zip	Email (optional):

