



Team Overview

Team Name:* _____ Number of Team Members:* _____
 Mailing Address:* _____ City:* _____
 State:* _____ Zip:* _____ Country:* _____ Telephone:* _____

Team Details

Full Name (Lead/Member 1):* _____ Email:* _____
 Full Name (Member 2): _____
 Full Name (Member 3): _____
 Full Name (Member 4): _____
 Full Name (Member 5): _____

Are you registering as an individual? Then you are a team of one!

Have more than 5 members? Email us at NaloxoneApp@fda.hhs.gov with your complete team list.

Affiliation. Please indicate your affiliation(s):

☐ Incorporated Small Business (<500 employees): _____ ☐ Organization: _____
☐ Incorporated Large Business (>500 employees): _____ ☐ Student: _____
☐ Employed at a College/University: _____ ☐ Other: _____

Code-a-Thon Attendance:* In-person attendance will be limited to the first 50 applicants that indicate interest in on-site participation. Virtual attendance will be limited to the first 100 applicants who indicate interest in online participation. Once you submit your registration form, you will receive a confirmation email verifying your attendance.

Yes, my team wants to attend: ☐ In-person (First 50 applicants) ☐ Virtual (First 100 applicants)

Eligibility:* To be eligible to win a prize in this competition, an individual or entity must be an individual or team of U.S. citizens or permanent residents of the United States each of whom are 18 years of age and over, or an entity incorporated in and maintaining a primary place of business in the United States. Participants also may not be a Federal entity or employees acting within the scope of their employment.

☐ I certify that I (or my team) am eligible to win a prize under this competition.

Email completed registration form to Naloxoneapp@fda.hhs.gov.

*Required fields