

NICHD Decoding Maternal Morbidity Data Challenge

Participant Registration Form

Section 1:

I am registering for the Challenge as a(n):

INDIVIDUAL (i.e., on behalf of myself). If you checked this box, you must complete Section 2.

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).

TEAM (i.e., on behalf of a group of individuals). If you checked this box, you must complete Section 3.

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.

ENTITY (i.e., on behalf of a legally established institution, organization, or corporation). If you checked this box, you must complete Section 4.

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.

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?

YES

NO

NOTE: If you checked 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.

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 ENTITY), provide your name and contact information as follows:

Last Name: First Name: Middle Name:

Phone Number: Email:

City: State: Zip Code:

Country: Affiliation (mandatory for data access):

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 the NICHD Decoding Maternal Morbidity Data 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:

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:

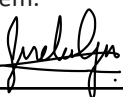



Last Name: _____ First Name: _____ Middle Name: _____
Phone Number: _____ Email: _____
City: _____ State: _____ Zip Code: _____
Country: _____ Affiliation (mandatory for data access): _____

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: _____

Additionally, the TEAM LEADER and EACH TEAM MEMBER 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 NICHD Decoding Maternal Morbidity Data 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: <u></u>	Print Name: _____	Date: _____
Signature: <u>Russell D. Wolfinger</u>	Print Name: Russell D. Wolfinger	Date: 8/26/21
Signature: <u></u>	Print Name: Yuan Fang	Date: 8/26/21
Signature: <u></u>	Print Name: Jerome J. Federspiel	Date: 8/26/21
Signature: <u></u>	Print Name: Marie-Louise Meng	Date: 8/27/2021

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: _____

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:

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 the NICHD Decoding Maternal Morbidity Data Challenge; 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 NICHD Decoding Maternal Morbidity Data 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: