

## **Registration Form for African Innovation Week**

### **Full Name**

First Name	Middle Name	Last Name

### **Sex**

**Male** ☐

**Female** ☐

Photo/Group  
Leader Photo

### **Academic Status**

### **Phone Number**

### **Email Address**

### **For Group Applicants**

No	Name of Group Member	Sex	Phone Number	Email Address
1				
2				
3				
4				
5				

### **Address of Group Representative**

<b>State</b>	
<b>City</b>	
<b>Woreda</b>	
<b>Telephone</b>	

### **Name of Institution (University, TVET, College or Organization)**

### **Title of Innovation (Project)**

## **Thematic Area of the Innovation/Project**

**Smart Cities and Shelter  
Technology**

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**Health and MediTech**

☐

**Digitalization, FinTech and  
e-Commerce**

☐

**TourismTech and  
Hospitality**

☐

**Farming and AgriTech**

☐

**Manufacturing  
Technology and Mining  
Industry**

☐

## **Project Proposal**

### **The project proposal should include:**

- Background
- Problem Statement
- Objectives
- Significance (Wealth Creation Potential and Job Creation Potential)
- Methodology (How it works)
- Brief Business Plan

### **N.B.**

- The above application form and the proposal should be sent to [Registration@africaninnovationweek.com](mailto:Registration@africaninnovationweek.com).
- Women innovators and entrepreneurs are highly appreciated.