REGISTRATION WALKTHROUGH INSTITUTIONS

{codejam} **LEADERBOARD** COUNTDOWN int y=2024;

REGISTER AS AN INSTITUTION

About the Institution

Name Address Address line one Address line two Address line three City State Country Zip code

Fill in the name of your institution and provide a valid mailing address.

Account

Email Password (6 characters minimum) **Password confirmation**

Provide a valid email address through whiih your institution can be

contacted. You will use this address

to log in to CodeJam.

Contact

Phone number

Secondary contact email

Sign up Log in

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Provide a phone number and secondary email address through which your institution may be contacted.



