



IFMBE-Sponsored Medical Device Design Competition EMBEC 2020

SUBMISSION FORM

Title: _____

Team name: _____

Team members:

First name, last name	Role*	Signature
1.)		
2.)		
3.)		
4.)		
5.)		

*select corresponding (C) and presenting (P) role of each team member.

Affiliation:

Corresponding team member:

Address: _____

Email: _____

Phone: _____

All team members are bona fide students (undergraduate and/or postgraduate) as of April 1st 2020.