

**REGISTRATION FORM**

Dear Prospective Team:

Thank you for your interest in registering as a Team for the \$10 million Archon X PRIZE for Genomics.

In order to register to compete, please provide the information requested below (Team Profile Registration Information) and submit each of the following items, along with a registration fee in amount of USD \$1,000. Your registration package will be evaluated within 30 days and either you will be approved as a Team or contacted for more information. If you are not accepted as a Team, your registration fee will be returned.

X PRIZE Foundation  
 Attn: Angela Ohren  
 5510 Lincoln Blvd., Suite 100  
 Playa Vista, California 90094

Email: [genomics@xprize.org](mailto:genomics@xprize.org)  
 Tel: 310.741.4880

Please indicate which items (if any) are confidential.

**TEAM PROFILE REGISTRATION INFORMATION**

Official Name of Team and/or Company: \_\_\_\_\_

Name of Team Leader: \_\_\_\_\_

Principle Contact (if different from Team Leader): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Website URL: \_\_\_\_\_

Country of Participating Team: \_\_\_\_\_

Team or Corporate web site URL (if available): \_\_\_\_\_

**PLEASE PROVIDE:**

- Team or Corporate Logo (eps, vector graphic)
- A picture of Team and/or Team Leader (jpg, 300 dpi) on CD or send by email to: [genomics@xprize.org](mailto:genomics@xprize.org)
- Description of your Team or company outlining your experience, current research efforts, and/or products
- Short biographical outline of your top engineers or scientists (3-5)
- Description of proposed sequencing methodology (150-300 word paragraph describing the method)
- Quote about the Archon X PRIZE for Genomics (150-300 word statement expressing your views on the importance of the Archon X PRIZE for Genomics) that can be used on the X PRIZE Foundation website and in marketing and promotional materials
- Any other visual assets you wish to share, such as corporate videos
- Refundable registration fee in amount of US \$1,000, payable to X PRIZE Foundation

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**AGREEMENT**

I (we) hereby declare my (our) intent to compete for the Archon X PRIZE for Genomics.

I (we) agree to comply with the Rules and Guidelines of the Archon X PRIZE for Genomics Competition as set forth in the Archon X PRIZE for Genomics Competition General Guidelines, which accompanies this form. I understand that a Master Team Agreement (MTA) will be provided for my (our) review within six (6) months and this MTA will include the final set of Rules for the competition.

I understand that at such time as the MTA is provided to me (us), I (we) will have thirty (30) days to review the final Rules and that I will have the option (within that time period) to request a refund of my escrowed registration fee. I agree that at the conclusion of this thirty (30) day period the escrowed funds will become the property of the X PRIZE Foundation and that should I choose to withdraw from the competition during this thirty (30) day period my sole remedy resulting from any Rules changes shall be the refund of my registration fee.

In consideration for review of this application by the X PRIZE Foundation, I (we) agree to indemnify and hold harmless against any loss, cost, liability or expense (including attorney fees) the X PRIZE Foundation (including, but not limited to, it's officers, employees, trustees, members of the Archon X PRIZE for Genomics Review Board and Archon X PRIZE for Genomics Rules Committee and sponsors) in connection with any and all activities conducted in pursuit of the Archon X PRIZE for Genomics by the applicant, its employees, agents and assignees.

I (we) acknowledge that the decisions of the Archon X PRIZE for Genomics Review Board are final and I (we) hereby agree to abide by such decisions.

I (we) agree that the X PRIZE Foundation may list me (us) as a Registrant of the Archon X PRIZE for Genomics and disclose the fact of my (our) registration to the general public. Any information deemed confidential will not be included in any public information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant (Print)

\_\_\_\_\_  
Name of Team

**For X PRIZE Foundation Use Only**

Date application received at Archon X PRIZE for Genomics: \_\_\_\_\_

Application Accepted: \_\_\_\_\_ Registrant # \_\_\_\_\_

Signature of X PRIZE Foundation Official