

European INNOLABS Innovation Boot Camp Salamanca, Spain April 25-26, 2018

Application sheet for teams

1. Names, affiliation, contact data

Team member 1

| | |
|------------------|--|
| Name | |
| My university | |
| Nationality | |
| Address | |
| Email | |
| Telephone number | |

Your field of study

| | |
|-----------------------------|--|
| What is your area of study? | |
|-----------------------------|--|

What level in the curriculum are you at?

Your experience with technology transfer

How much experience do you have translating knowledge and/or an idea into an innovative product/service?

Team member 2

| | |
|-------------------------|--|
| Name | |
| My university | |
| Nationality | |
| Address | |
| Email | |
| Telephone number | |

Your field of study

| | |
|------------------------------------|--|
| What is your area of study? | |
|------------------------------------|--|

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|---|
| What level in the curriculum are you at? |
|---|

Your experience with technology transfer

How much experience do you have translating knowledge and/or an idea into an innovative product/service?

Team member 3

| | |
|-------------------------|--|
| Name | |
| My university | |
| Nationality | |
| Address | |
| Email | |
| Telephone number | |

Your field of study

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|------------------------------------|--|
| What is your area of study? | |
|------------------------------------|--|

What level in the curriculum are you at?

Your experience with technology transfer

How much experience do you have translating knowledge and/or an idea into an innovative product/service?

Team member 4

| | |
|-------------------------|--|
| Name | |
| My university | |
| Nationality | |
| Address | |
| Email | |
| Telephone number | |

Your field of study

| | |
|------------------------------------|--|
| What is your area of study? | |
|------------------------------------|--|

What level in the curriculum are you at?

Your experience with technology transfer

How much experience do you have translating knowledge and/or an idea into an innovative product/service?

Team member 5

| | |
|-------------------------|--|
| Name | |
| My university | |
| Nationality | |
| Address | |
| Email | |
| Telephone number | |

Your field of study

| | |
|------------------------------------|--|
| What is your area of study? | |
|------------------------------------|--|

| |
|---|
| What level in the curriculum are you at? |
|---|

Your experience with technology transfer

How much experience do you have translating knowledge and/or an idea into an innovative product/service?

The following challenges has been addressed to work on within the IBC. Please choose 3 of them in which you would like to work. Please rank the three selected as follows: 1 = highest interest-3 lower interest).

| | Challenge | Your ranking |
|----|---|--------------|
| 1. | Automated control of the perimetral measure in inflammatory processes / edema | |
| 2. | Connecting generalist doctors with psecialist to facilitate diagnosis | |
| 3. | Wearables for simplified and effective med intake and follow-up in complex chronic diseases | |

3. Reasoning for applying to the selected challenge

Specific Challenge being addressed

[Describe why you chose to address this challenge and why do you think you can make a difference and provide out of the box solutions a max. number of characters is 1000]