

**SHACKLE LOAD MONITORING DESIGN CHALLENGE
ENTRY FORM**

PARTICIPANT INFORMATION

Participant type: ___ Individual ___ Team

Team name (for teams only): _____

Individual or team leader – full real name: _____

Individual or team leader – affiliation: _____

Individual or team leader – email address: _____

Individual or team leader – location (city, country): _____

IP RELEASE

To be eligible to participate in the Shackle Load Cell Design Challenge, the attached "Shackle Load Monitoring Design Challenge Release Form" must be carefully read and signed and returned to Telact, LLC with this Entry Form.

(SIGNATURE)

Individual or team leader

Name and Date