Biomedical Debate

Event Category: Teamwork

Eligible Divisions: Secondary & Postsecondary/ Collegiate	**Round One:** 50 Q test (60 minutes)	**Digital Upload:** NO
Team Event: 3-4 competitors per team	**Round Two:** Debate Bracket (15 mins per round)	**Debate Materials:** Pencils, printed prepared topic materials. Paper for taking notes (optional)

New for 2026-2027

11.9.2026 HOSA The resource from gesdaglobal website is no longer active. It will be deleted from the resources. Prep time has been removed. Editorial updates have been made.

TEXAS HOSA

Make sure to read TEXAS General Rules and Regulations for updated "Electronic Device Policies" and "Extended Stay Preparation".

Area Spring Leadership Conference

Round one online test for Area will be given in December. The top eight (8) teams will advance to round two (2) in person at the Area Spring Leadership Conference.

Round Two

- **All Teams members must present a photo ID, because this is a paired match-up, if a competitor does not provide a valid photo ID, he/she forfeits his/her right to compete.**
- **Teams must report to and remain in the Debate Lounge (holding) until they are called to compete.**
- **After the first debate, all teams will remain in the Debate Lounge until the teams advancing to the next bracket are announced.**
- **Teams not advancing are then excused from the Debate Lounge and should not return while the event is still running.**
- **Top three team scores from each Area will advance to State**

TEXAS State Leadership Conference

A Round one written exam will be used to slate the top eight (8) teams for Round 2. Both Round 1 and Round 2 for State will be in person. Round Two (2) will be run the same as Area.The top 3 teams will advance to ILC.

Event Summary

Biomedical Debate allows members to use debate as a platform for researching the pros and cons of a biomedical issue and showcasing what has been learned. This competitive event consists of two rounds, and each team consists of 3-4 people. Round One is a written test containing questions about the annual biomedical topic. The teams with the highest average score from the test will qualify for the Round Two debate(s). This event aims to inspire members to be proactive future health professionals by researching a given health topic, evaluating, discussing, and thinking critically about the issue, and refining verbal communication skills surrounding a complex biomedical issue. The annual debate topic will be selected yearly and announced in HOSA publications.

2026-2027 Event Topic:

Limited healthcare resources should be allocated to patients with the greatest likelihood of long-term survival.

The expectation is that competitors read and are aware of all the content within these guidelines and associated links. Successful competitors will study all links for the detailed information.

General Event Information

General Rules	Competitors must be familiar with and adhere to the General Rules and Regulations.
Dress Code	Proper business attire or official HOSA uniform. Bonus points will be awarded for proper dress. All team members must be appropriately dressed to receive the bonus points. Teams not dressed appropriately for Round Two may not be allowed to compete.
Competitors Must Provide	• Photo ID for both rounds • Two #2 lead pencils (not mechanical) with an eraser for test, and note-taking for Round Two Debate • Neon colored foam earplugs, NOT earbuds, for noise control (Rd1-optional) • Paper or index cards, to use for note-taking by team members (optional) • Prepared topic materials (see details below) for the Round Two Debate (printed/hard copy only) HOSA Conference Staff will provide equipment and supplies listed in Appendix I.
Official References	Competitors are encouraged to learn as much as they can about the annual topic. All test questions will be developed from the following references: • Levy, Becky. *Breaking the Age Code: How Your Beliefs About Aging Determine How Long and Well You Live.* William Morrow. Latest Edition. • Bognar, Greg and Iwao Hirose. *The Ethics of Health Care Rationing.* Routledge Taylor & Francis Group. Latest Edition. • The shared ethical framework to allocate scarce medical resources: a lesson from COVID-19 https://www.sciencedirect.com/science/article/pii/S0140673623008127 • Navigating Healthcare Ethics: Resource Allocation & Fairness Explained https://residencyadvisor.com/resources/medical-ethics-law/ethics-resource-allocation-gets-what-healthcare • For centuries, humanity marked time chronologically. Today, that measure is rapidly being challenged, particularly when it comes to longevity. https://www.gesda.global/radar-spotlight-longevity-science-crosses-clinical-threshold/

ROUND ONE- Test

Test Instructions	The written test will consist of 50 multiple-choice items in a maximum of 60 minutes. See test instructions here. The team's test score average from Round One will be used to qualify the team for Round Two. The teams progressing to Round Two will be seeded according to their scores in Round One. The test is only used to advance teams to Round Two and is NOT part of the final score.
Time Remaining Announcements	There will be NO verbal announcements for time remaining during ILC testing. All ILC testing will be completed in the Testing Center, and competitors are responsible for monitoring their own time.
Sample Test Questions	1. What is an example of a meso-level decision for allocation of limited medical resources? https://residencyadvisor.com/resources/medical-ethics-law/ethics-resource-allocation-gets-what-healthcare A. Which patient receives an earlier appointment for an MRI? B. How much funding by a state is allocated for preventative versus chronic care? **C. Which department of the hospital will have the most budget cuts?** D. Which area of the country will be selected for a new veteran's hospital?

	2. What symptoms do Japanese women experience less of during menopause due to the cultural perspective on aging and women? (Levy, pp 4) A. Weight gain **B. Hot flashes** C. Irritability D. Hair loss 3. What was one of the controversies in rolling out the 3 by 5 program launched by the World Health Organization to provide antiretroviral therapy to three million HIV positive people living in developing countries by the year 2005? (Bognar & Hirose, pp 10) A. Source of the funding B. Selection of pharmaceutical company to provide the antiretroviral drug C. Selection of the developing countries to host the program **D. Allocation of the drug between rural and urban areas**

ROUND TWO- The Debate

1. The team's test score average from Round One will be used to qualify the team for Round Two. The teams progressing to Round Two will be seeded according to their scores in Round One. The test is only used to advance teams to Round Two and is NOT part of the final score. Round Two finalists will be announced on-site at ILC per the conference agenda.

2. The number of teams selected for Round Two is determined by the number of entries and overall conference capacity. There are usually 32 secondary and eight (8) postsecondary/ collegiate teams seeded for Round Two at ILC. Debate pairings will be posted at the designated time and place.

3. If using an 8-team bracket, the 9th and 10th-ranked teams shall be the alternate teams. If using a 16-team bracket, the 17th and 18th-ranked teams shall be the two alternate teams. If using a 32-team bracket, the 33rd and 34th-ranked teams shall be the two alternate teams.

4. Round Two Process:
    a. Beginning with Round Two, two (2) teams compete against each other.
    b. Round Two requires a paired match-up. If a team is more than five minutes late to their Round Two appointed time, the team forfeits their right to compete in accordance with the GRRs.
    c. ALL teams (including alternates) must report to and remain in the holding room until their numbers are called for them to compete.
    d. Teams will be permitted to bring prepared materials (containers, folders with notes, printed pages, books, and bound materials) to the debate area in **hard copy only**. Props or additional materials/visual aids will NOT be allowed.
    e. Debate teams will draw for the affirmative or negative immediately upon entering the competition room.

5. The following specific pattern will be followed during the debate:
    a. **First Affirmative Speaker** (2 minutes). The speaker, for the affirmative, presents their arguments.
    - Thirty (30) seconds of transition time
    b. **First Negative Speaker** (2 minutes). The speaker for the negative presents their response to the affirmative speaker's arguments
    - Thirty (30) seconds of transition time
    c. **Second Negative Speaker** (2 minutes). The second speaker, for negative, presents their arguments.
    - Thirty (30) seconds of transition time
    d. **Second Affirmative Speaker** (2 minutes). For the affirmative, the second speaker responds to the negative speaker's arguments.

- Thirty (30) seconds of transition time

e. **Negative Summary/Rebuttal Speaker** (2 minutes). The negative speaker presents a conclusion.
- Thirty (30) seconds of transition time

f. **Affirmative Summary/Rebuttal Speaker** (2 minutes). The affirmative speaker presents a conclusion.
- Thirty (30) seconds of transition time will be allowed between each part of the debate to allow teams to discuss strategy and for judges to rate the prior performance.

*** The full-time noted above will be provided. If a team chooses not to use any or all of the time allowed, the opposing team shall still have the total amount of time that would have passed. However, the team whose turn it is may choose to begin their debate segment when ready, and the timekeeper will give them the amount of time listed above. (A team does not receive extra time to start early.)*

**** There will NOT be a time warning given during the debate transitions. It is the responsibility of the competitor to manage their time.*

6. A timekeeper will keep time for each part of the debate and call time at the end of the maximum allowed time. Speakers must immediately stop speaking when time is called. **No time warnings will be called at any point in the debate.**

*****Competitors are not allowed to use a timing device of any kind during the debate. Participants should practice their parts to ensure they are within the time frames and rely solely on the time warning provided by the timekeeper.*

7. Teams are permitted to discuss and write notes with each other during all parts of the debate; however, table decorum will be evaluated on the rating sheet with the intent that teams will conduct themselves in a professional manner without distracting the other team. Paper is allowed for note-taking.

8. At least three (3) team members must speak in the debate.

9. If a team decides to have more than one speaker during any senate section(s) (#5 a-f), only one speaker is allowed at the podium at a time. The time limits for each section(s) are still in effect and the team would need to make speaker changes at the podium within the allotted time.

10. All members of the winning teams of each match must return to the holding room until called. Waiting winning teams are not allowed to communicate with other teams.

11. There will be no observers during the entirety of the event.

Final Scoring

1. The team's average test score from Round One will be used to qualify the team for Round Two and will NOT be used as part of the final score.

2. In case of a tie during the paired matchups, the highest averaged test score will be used to determine which team advances in the bracket and/or final rank if needed.

Future Opportunities

The HOSA Scholarship program has funding available for HOSA members who have an interest in various health careers! The application process begins January 1, 2027, and can be found here: https://hosa.org/scholarships/.

Graduating from high school or completing your postsecondary/collegiate program does not mean your HOSA journey has to end. As a HOSA member, you are eligible to become a HOSA Lifetime Alumni Member- a free and valuable opportunity to remain connected, give back, and help to shape the future of the organization. Learn more and sign up at hosa.org/alumni.

Biomedical Debate
Debate Round Rubric

Section #: _____ Team #:_____ Division: SS_____ PS/C_____ Judge's Signature: _____

1. First Affirmative Speech							
	Excellent 10 points	**Good 8 points**	**Average 6 points**	**Fair 4 points**	**Poor 0 points**	**AFFIRMATIVE Judge Score**	
A. Arguments & Evidence (Persuasiveness)	The arguments & evidence clearly expresses the team's viewpoint in a highly persuasive manner.	The arguments & evidence mostly expresses the team's viewpoint and provides responses that are persuasive.	The arguments & evidence somewhat express the team's viewpoint and provide moderately persuasive responses.	The arguments & evidence are slightly persuasive.	The arguments are not persuasive or there is not an argument presented.		
	Excellent 10 points	**Good 8 points**	**Average 6 points**	**Fair 4 points**	**Poor 0 points**	**AFFIRMATIVE Judge Score**	
B. Flow & Logic of Speech	The content of the speech flows smoothly, is thoughtfully constructed and makes logical sense.	The content of the speech flows smoothly and makes sense.	The speech flows moderately smoothly and makes sense most of the time.	The speech has an inconsistent flow and makes sense some of the time.	The speech does not flow or make logical sense.		
C. Relevance of Arguments	All arguments were accurate, relevant to the topic and strong. Was able to defend position.	Majority of arguments were accurate, relevant to the topic and strong. Was able to defend position.	Some of the arguments were accurate, relevant to topic and strong. Was somewhat able to defend the position.	Arguments were not accurate and/or relevant to the topic. Was unable to defend position.	No arguments were made. Unable to defend position.		
2. First Negative Speech							
	Excellent 15 points	**Good 12 points**	**Average 9 points**	**Fair 6 points**	**Poor 0 points**		**NEGATIVE Judge Score**
A. Arguments & Evidence (Persuasiveness)	All counterarguments were accurate, relevant to topic and strong. Was able to accurately defend position.	Majority of counterarguments were accurate, relevant to topic and strong. Was able to defend position.	Some of the counterarguments were accurate, relevant to topic and strong. Was somewhat able to defend position.	Counterarguments were not accurate and/or relevant to topic. Was unable to defend position.	No counterarguments were made. Unable to defend position.		
3. Second Negative Speech							
	Excellent 10 points	**Good 8 points**	**Average 6 points**	**Fair 4 points**	**Poor 0 points**		**NEGATIVE Judge Score**

A. Arguments & Evidence (Persuasiveness)	The arguments & evidence clearly expresses the team's viewpoint in a highly persuasive manner.	The arguments & evidence mostly expresses the team's viewpoint and provides responses that are persuasive.	The arguments & evidence somewhat express the team's viewpoint and provides moderately persuasive responses.	The arguments & evidence are slightly persuasive.	The argument are not persuasive or there is not an argument presented.		
3. Second Negative Speech *CONTINUED…*							
	Excellent 5 points	**Good 4 points**	**Average 3 points**	**Fair 2 points**	**Poor 0 points**		**NEGATIVE Judge Score**
B. Flow & Logic of Speech	The content of the speech flows smoothly, is thoughtfully constructed and makes logical sense.	The content of the speech flows smoothly and makes sense.	The speech flows moderately smoothly and makes sense most of the time.	The speech has an inconsistent flow and makes sense some of the time.	The speech does not flow or make logical sense.		
C. Relevance of Arguments	All arguments were accurate, relevant to topic and strong. Was able to defend position.	Majority of arguments were accurate, relevant to topic and strong. Was able to defend position.	Some of the arguments were accurate, relevant to topic and strong. Was somewhat able to defend position.	Arguments were not accurate and/or relevant to topic. Was unable to defend position.	No arguments were made. Unable to defend position.		
4. Second Affirmative Speech							
	Excellent 15 points	**Good 12 points**	**Average 9 points**	**Fair 6 points**	**Poor 0 points**	**AFFIRMATIVE Judge Score**	
A. Arguments & Evidence (Persuasiveness)	All counterarguments were accurate, relevant to topic and strong. Was able to accurately defend position.	Majority of counterarguments were accurate, relevant to topic and strong. Was able to defend position.	Some of the counterarguments were accurate, relevant to topic and strong. Was somewhat able to defend position.	Counterarguments were not accurate and/or relevant to topic. Was unable to defend position.	No counterarguments were made. Unable to defend position.		
5. Negative Summary/ Rebuttal Speech							
	Excellent 5 points	**Good 4 points**	**Average 3 points**	**Fair 2 points**	**Poor 0 points**		**NEGATIVE Judge Score**
A. Evidence and Effectiveness	The negative rebuttal was clear and highlighted the point of view with confidence.	The negative rebuttal was effective.	The evidence used in the negative rebuttal was mediocre.	Not enough evidence was used in the negative rebuttal.	No evidence was provided in the negative rebuttal.		
B. Clarification of Argument	The negative rebuttal was clear and significantly strengthened the negative point of view.	N/A	The negative rebuttal reiterated the position but did not add anything to the argument.	N/A	No negative rebuttal was provided.		
C. Relevance of Rebuttal	Rebuttal was articulately stated and offered strong relevant, researched data to	The rebuttal offered good research and supported the argument.	The rebuttal offered mediocre research data to support the argument.	Little relevance was offered in the rebuttal. More data/ supporting information	No rebuttal was offered or the rebuttal was not relevant to the topic.		

	support the argument.			needed to support the point.			

6. Affirmative Summary/ Rebuttal Speech

	Excellent 5 points	Good 4 points	Average 3 points	Fair 2 points	Poor 0 points	AFFIRMATIVE Judge Score
A. Evidence and Effectiveness	The negative rebuttal was clear and highlighted the point of view with confidence.	The negative rebuttal was effective.	The evidence used in the negative rebuttal was mediocre.	Not enough evidence was used in the negative rebuttal.	No evidence was provided in the negative rebuttal.	
B. Clarification of Argument	The negative rebuttal was clear and significantly strengthened the negative point of view.	N/A	The negative rebuttal reiterated the position but did not add anything to the argument.	N/A	No negative rebuttal was provided.	

6. Affirmative Summary/ Rebuttal Speech *CONTINUED...*

	Excellent 5 points	Good 4 points	Average 3 points	Fair 2 points	Poor 0 points	AFFIRMATIVE Judge Score
C. Relevance of Rebuttal	Rebuttal was articulately stated and offered strong relevant, researched data to support the argument.	The rebuttal offered good research and supported the argument.	The rebuttal offered mediocre research data to support the argument.	Little relevance was offered in the rebuttal. More data/ supporting information needed to support the point.	No rebuttal was offered or the rebuttal was not relevant to the topic.	

7. Overall Debate Qualities (AFFIRMATIVE)

	Excellent 5 points	Good 4 points	Average 3 points	Fair 2 points	Poor 0 points	AFFIRMATIVE Judge Score
A. Voice (pitch, tempo, volume, quality)	Each competitor's voice was loud enough to hear. The competitors varied rate & volume to enhance the speech. Appropriately pausing was employed.	Each competitor spoke loudly and clearly enough to be understood. The competitors varied rate OR volume to enhance the speech. Pauses were attempted.	Each competitor could be heard most of the time. The competitors attempted to use some variety in vocal quality, but not always successfully.	Judges had difficulty hearing/ understanding much of the speech due to little variety in rate and volume.	The competitor's voice is too low or monotone. Judges struggled to stay focused during the majority of the presentation.	
B. Stage Presence (poise, posture, eye contact, and enthusiasm)	Movements & gestures were purposeful and enhanced the delivery of the speech and did not distract. Body language reflects comfort interacting with audience. Facial expressions and body language consistently generated a strong interest	The competitors maintained adequate posture and non-distracting movement during the speech. Some gestures were used. Facial expressions and body language sometimes generated an interest and enthusiasm for the topic.	Stiff or unnatural use of nonverbal behaviors. Body language reflects some discomfort interacting with audience. Limited use of gestures to reinforce verbal message.Facial expressions and body language are used to try to generate enthusiasm	Most of the competitor's posture, body language, and facial expressions indicated a lack of enthusiasm for the topic. Movements were distracting.	No attempt was made to use body movement or gestures to enhance the message. No interest or enthusiasm for the topic came through in presentation.	

	and enthusiasm for the topic.		but seem somewhat forced.				
C. Diction*, Pronunciation, and Grammar** *(see definitions below)*	Delivery emphasizes and enhances message. Clear enunciation/ pronunciation. No vocal fillers (ex: "ahs," "uh/ums," or "you-knows"). Tone heightened interest and complemented the verbal message.	Delivery helps to enhance message. Clear enunciation/pronunciation. Minimal vocal fillers (ex: "ahs," "uh/ums," or "you-knows"). Tone complemented the verbal message	Delivery adequate. Enunciation and pronunciation suitable. Noticeable verbal fillers (ex: "ahs," "uh/ums," or "you-knows") present. Tone seemed inconsistent at times.	Delivery quality minimal. Regular verbal fillers (ex: "ahs," "uh/ums," or "you-knows") present. Delivery problems cause disruption to message.	Many distracting errors in pronunciation and/or articulation. Monotone or inappropriate variation of vocal characteristics. Inconsistent with verbal message.		
D. Decorum, professional behavior toward other team	All statements and responses were respectful and appropriate. Decorum was professional toward the other team.	N/A	Most statements and responses were respectful. Seldom interrupted or talked over other team members.	N/A	Decorum was not professional. Statements and responses were consistently disrespectful. Interrupted or talked over team members.		
E. Team Participation	Excellent example of shared collaboration. Three team members spoke, demonstrating equal knowledge of the topic.	Most team members were actively engaged in the debate and appeared to be knowledgeable on the topic.	The team worked together relatively well. Some team members appeared more knowledgeable than others.	The team did not work effectively together.	One team member dominated the debate.		

***Diction:** choice of words, especially with regard to correctness, clearness, and effectiveness. ****Pronunciation:** Act or manner of uttering officially.

8. Overall Debate Qualities (NEGATIVE)

	Excellent 5 points	**Good 4 points**	**Average 3 points**	**Fair 2 points**	**Poor 0 points**		**NEGATIVE Judge Score**
A. Voice (pitch, tempo, volume, quality)	Each competitor's voice was loud enough to hear. The competitors varied rate & volume to enhance the speech. Appropriately pausing was employed.	Each competitor spoke loudly and clearly enough to be understood. The competitors varied rate OR volume to enhance the speech. Pauses were attempted.	Each competitor could be heard most of the time. The competitors attempted to use some variety in vocal quality, but not always successfully.	Judges had difficulty hearing/ understanding much of the speech due to little variety in rate and volume.	The competitor's voice is too low or monotone. Judges struggled to stay focused during the majority of the presentation.		
B. Stage Presence (poise, posture, eye contact, and enthusiasm)	Delivery emphasizes and enhances message. Clear enunciation/ pronunciation. No vocal fillers (ex: "ahs," "uh/ums," or "you-knows"). Tone heightened interest and complemented the verbal message.	Delivery helps to enhance message. Clear enunciation/pronunciation. Minimal vocal fillers (ex: "ahs," "uh/ums," or "you-knows"). Tone complemented the verbal message	Delivery adequate. Enunciation and pronunciation suitable. Noticeable verbal fillers (ex: "ahs," "uh/ums," or "you-knows") present. Tone seemed inconsistent at times.	Delivery quality minimal. Regular verbal fillers (ex: "ahs," "uh/ums," or "you-knows") present. Delivery problems cause disruption to message.	Many distracting errors in pronunciation and/or articulation. Monotone or inappropriate variation of vocal characteristics. Inconsistent with verbal message.		
C. Diction, Pronunciation,	All statements and responses were respectful and		Most statements and responses were respectful.	N/A	Decorum was not professional. Statements and		

and Grammar	appropriate. Decorum was professional toward the other team.	N/A	Seldom interrupted or talked over other team members.		responses were consistently disrespectful. Interrupted or talked over team members.		
E. Team Participation	Excellent example of shared collaboration. Three team members spoke, demonstrating equal knowledge of the topic.	Most team members were actively engaged in the debate and appeared to be knowledgeable on the topic.	The team worked together relatively well. Some team members appeared more knowledgeable than others.	The team did not work effectively together.	One team member dominated the debate.		
9. Best Overall Arguments							
	10 Points				**0 Points**	**AFFIRMATIVE Judge Score**	**NEGATIVE Judge Score**
DEBATE WINNER	Based on judge opinion, which team was the debate winner based on best overall arguments presented. The debate winner is awarded 10 points.	N/A	N/A	N/A	Zero (0) points awarded to the losing team based on judge opinion.		
					AFFIRMATIVE TOTAL POINTS (85):		
					NEGATIVE TOTAL POINTS (85):		

Biomedical Debate
Bracket Summary Sheet

Due to the bracketed nature of this round two event, this Summary Sheet will be used to calculate the total judges scores for the Affirmative and Negative Teams in each paired matchup. Each judge's score should be recorded below, and then the team's average score calculated. The team with the highest average score will be deemed the winner of the paired matchup and will advance to the next paired matchup, following the schedule of the posted bracket.

Round:	**Section:**
Affirmative Team ID #:	**Negative Team ID #:**

Affirmative Team ID	Judge #1 Score	Judge #2 Score	Judge #3 Score	Total Average Score for Affirmative

Negative Team ID	Judge #1 Score	Judge #2 Score	Judge #3 Score	Total Average Score for Negative

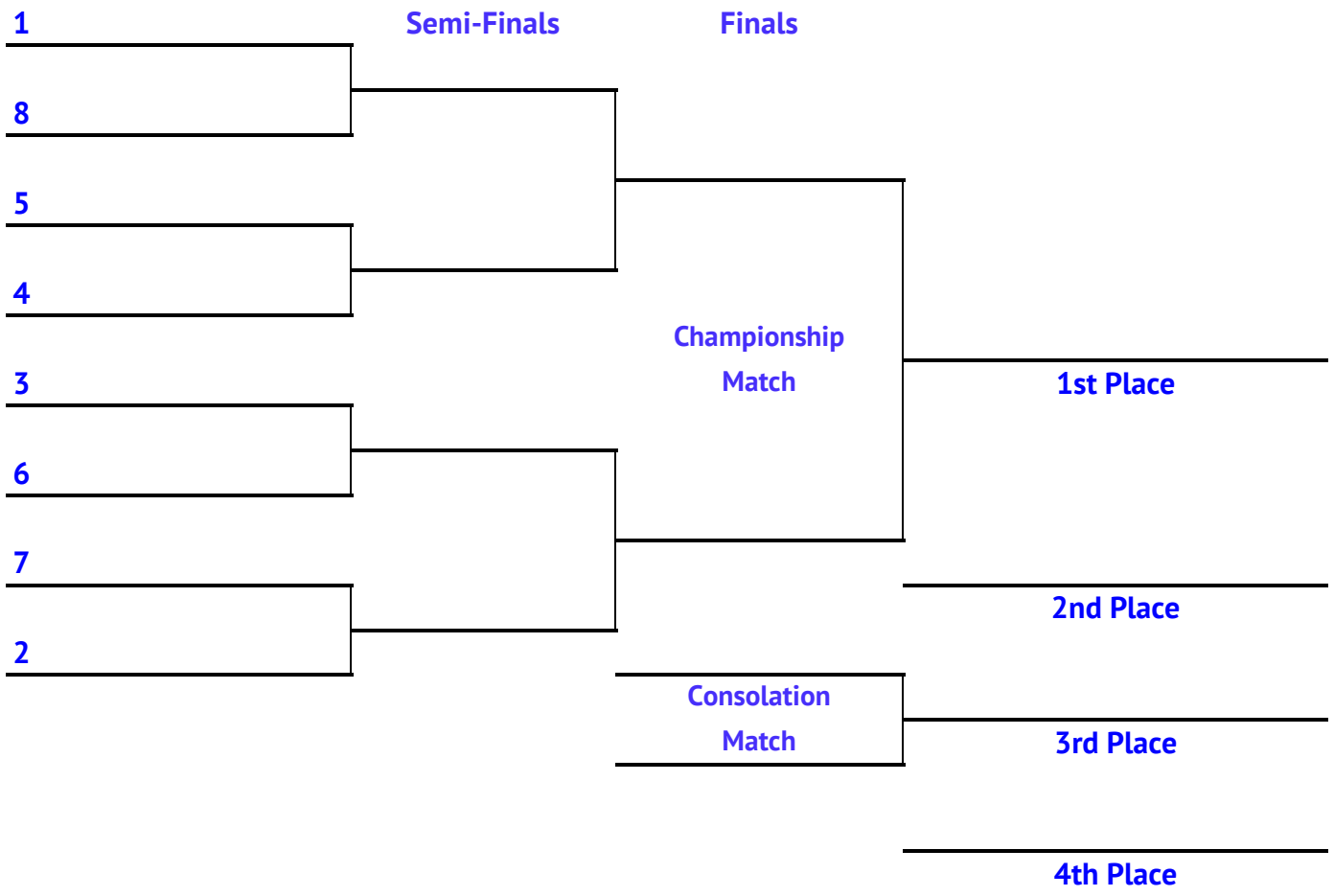
WINNING TEAM (Check One) **WINNING TEAM ID #:** _____

AFFIRMATIVE _____ **Judge's Printed Name & Signature:** _____

NEGATIVE _____

Biomedical Debate Seeding Chart for 8 Teams

Team #	Score
1	Highest
2	
3	
4	
5	
6	
7	
8	



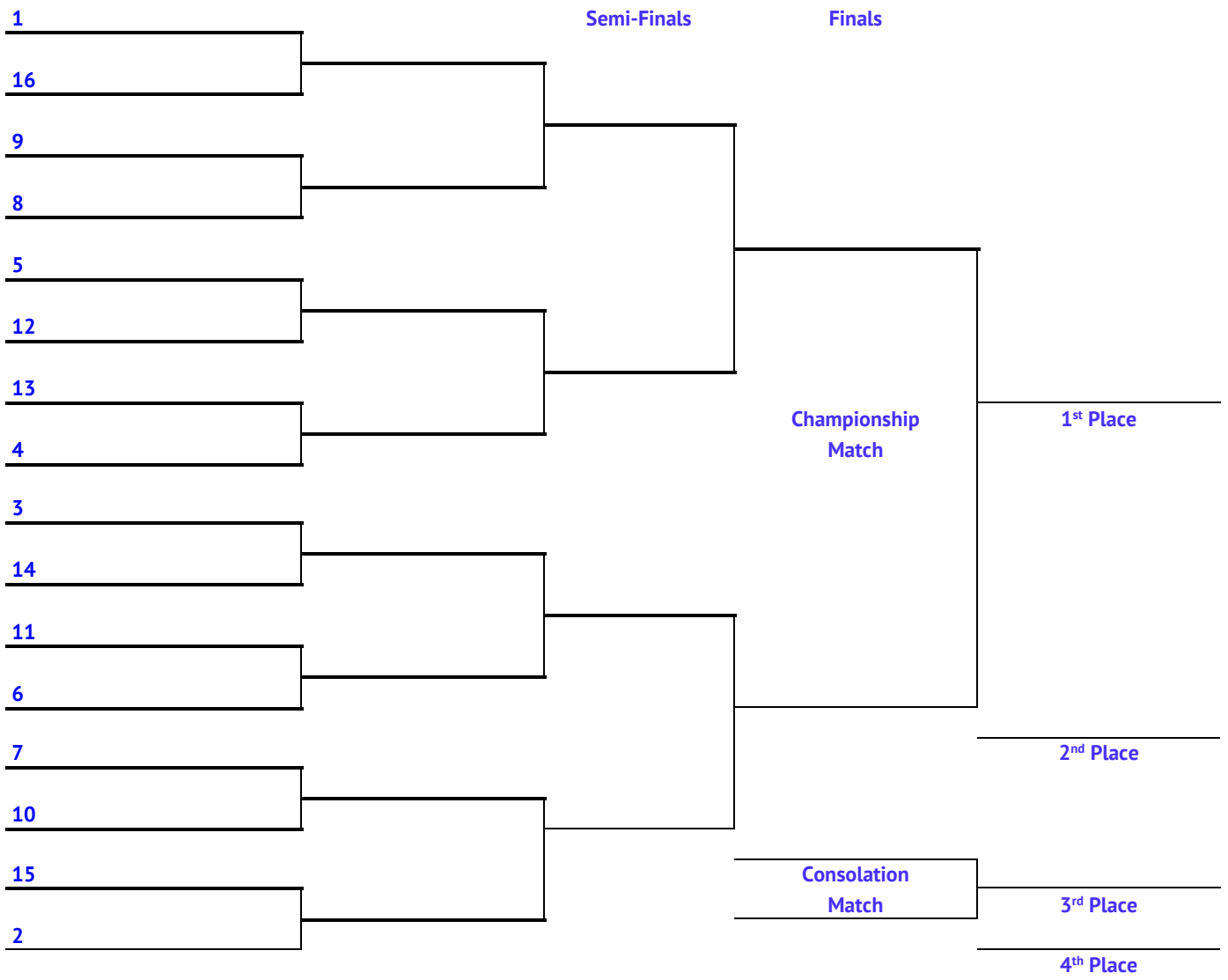
Instructions: Add the scores of team members to arrive at a team total, and then divide by the number of team members to get the team average. Sort team averages from highest to lowest scores. The team with the highest score after the test is seeded #1, the team with the next highest score is

seeded #2, and so on until the chart is filled with the top 8 teams.

Note: The electronic version of the Biomedical Debate seeding process is available at the CE Useful Tools page.

Biomedical Debate Seeding Chart for 16 Teams

Team	Score
1	Highest
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	



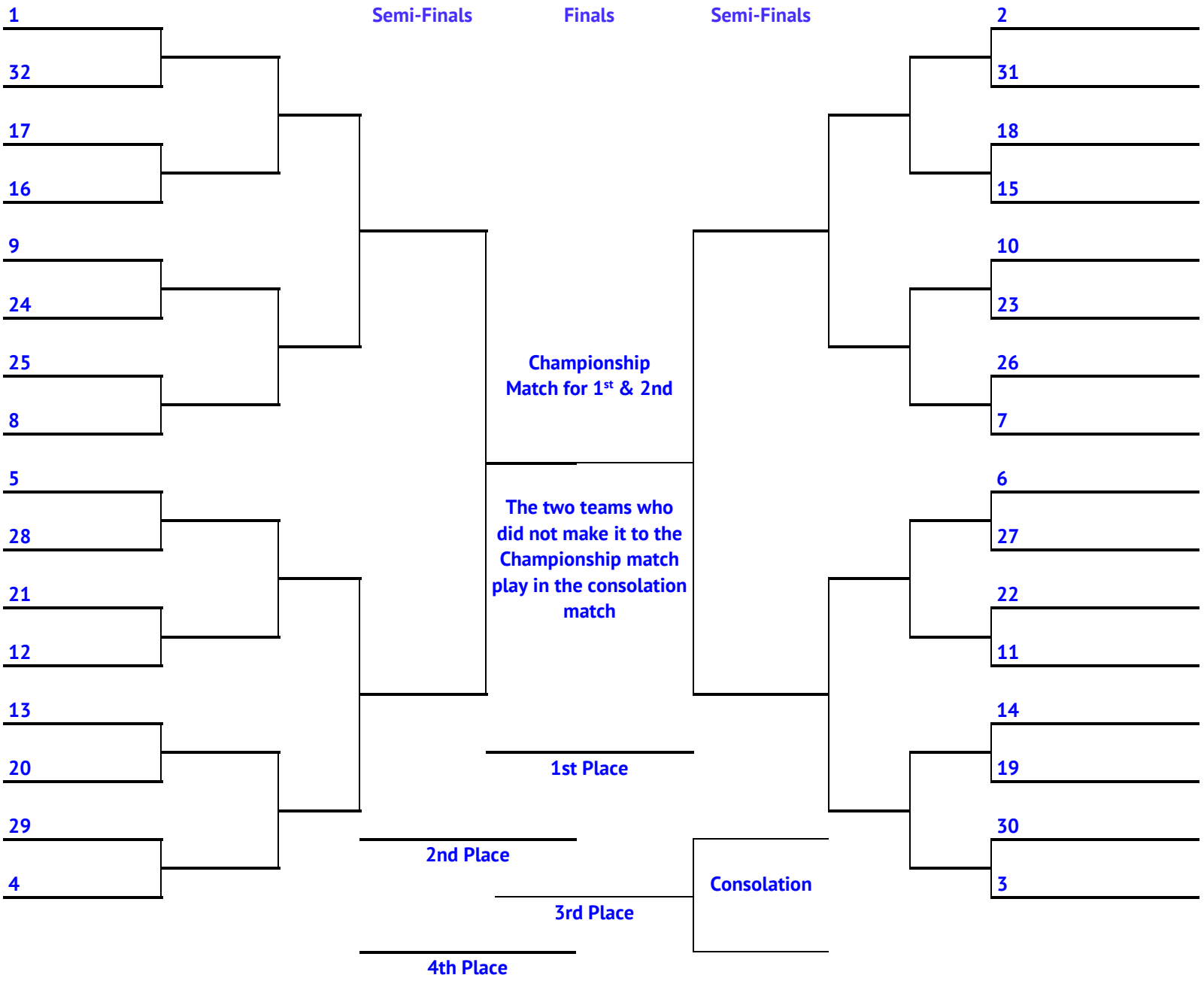
Instructions: Add the scores of team members to arrive at a team total, and then divide by the number of team members to get the team average. Sort team totals from highest to lowest scores. The team with the highest score after the test is seeded #1, the team with the next highest score is seeded #2, and so on until the chart is filled with the top 16 teams. The winners of each bracket play for 1st and 2nd place, the winner of the consolation match is the 3rd place team.

The expectation is that competitors read and are aware of all the content within these guidelines and associated links. Successful competitors will study all links for the detailed information.

Note: The electronic version of the Biomedical Debate seeding process is available at the CE Useful Tools page

Biomedical Debate Seeding Chart for 32 Teams

Team	Score
1	Highest
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
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14	
15	
16	
17	
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The expectation is that competitors read and are aware of all the content within these guidelines and associated links. Successful competitors will study all links for the detailed information.