



Confidential Idea/Invention Registration and Disclosure Document

Innovative Product Technologies, INC.
Box 17 Glengary Bay Road
Sandpoint, Idaho
US
83864
Phone: 208-265-5938
Fax: 208-265-4482
www.inventone.com

Date: _____

Name: _____

Address: _____

State/Province: _____

Zip/Postal Code: _____

Home Phone: _____

Home Fax: _____

Work Phone: _____

Work Fax: _____

Section B -- Description of Idea/Invention

Describe in your own words what your idea/invention is and how it works. Please include the answers to the following questions in this description.

- * What needs or problems does this idea/invention solve?
- * What features of your idea/invention overcome any drawbacks or limitations of methods or products used currently?
- * What parts of your idea/invention do you believe to be novel?

Idea/Invention:

Section C -- Idea/Invention Information

Please fill out this form in a complete and accurate manner. Your information is necessary for the evaluation of your idea/invention.

1. Idea/Invention Persons:

List ALL persons involved with this idea/invention if more than one.

Did you use a Confidentiality Agreement when disclosing to these: Yes No

2. Developmental Status of Idea/Invention:

List ALL persons involved with this idea/invention if more than one.

(A) Currently available documentation

- Idea
- Diagrams and/or sketches
- Finished working drawings
- Photographs
- Reports if testing
- Patent or Patent Application
- Other _____

(Please include copies of drawings and photographs)

(B) Availability of Prototype

- Prototype not available at this time
- Design Model
- Functional Model
- Video Demo
- Photographs

(Please do not send prototype unless requested)

(C) Design Improvement/Changes

Have you considered any changes in design: Yes No

3. LEGAL PROTECTION:

- None
- Patent search
- Patent application initiated: Date: _____
- Patent (if so) # _____ Date of Issue: _____ Copy Attached:
- Photographs (Send with other mailed items, listed at the end of this form)

Overseas Patents:

Countries: _____

Copyright (if so) Issue Date: _____

Trademark registration: Applied Issued

Disclosure Document (US Patent Office): Date: _____

4. Market Potential:

(A) Competition - List similar currently existing products or processes:

(B) Your Idea/Invention advantages - How and why is your idea/invention better than existing product(s) or processes?

(C) Market Projection:

Primary Users: (Majority of Users)

Secondary Users: (Other possible users)

(D) Prior Marketing Information:

Have you made any prior attempt to sell your idea/invention? Yes No

Please provide results:

Start date of marketing test: _____

Location: _____

Price\$: _____

Reasons for discontinuing of effort:

(E) Prior Agreements:

Relative to this idea/invention I have entered into prior agreements with:

Organization(s) / Individuals(s)	Purpose	Date	Status
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(F) Time:

Estimate of time spent on development of idea/invention is: _____

(G) Funds:

Estimate of funds spent on this idea/invention is: _____

5. Production Costs: The cost of a product has a great effect on whether it is commercially viable.

(A) The cost of manufacturing is estimated to be \$ _____ per item.

(B) Your determination of the cost was based on what factors?
(Material, labor, manufacturing equipment, dies, molds, ect.)

(C) Retail Price: Price to retailer \$ _____ per item.

(D) Price to consumer \$ _____ per item.

6. Product Testing: Please attach results with other mailed items, listed at the end of this form.

- None
- User Testing (if so) by Self or Agency
- Market Testing (if so) by Self or Agency
- Product Safety Testing (if so) by Self or Agency
- Other _____ (if so) by Self or Agency

7. Consumer Acceptance: Have the following been developed or planned?

- Self or Agency
- User instructions Visual aids Designs
- Packaging Displays Shipping
- None of the above

8. Future Development: Please list in order of importance 1, 2, 3, 4, ect.

- (A) _____ Locate buyer for selling idea/invention.
_____ Locate product development firm.
_____ Get product manufactured by subcontracting, but distribute and sell product yourself.
_____ Open own manufacturing plant and sell own product.
_____ Open own manufacturing plant, but let someone else distribute and sell product.

(B) Your specific needs: (If not covered by question #8)

9. Submission Information:

Have you submitted an idea/invention to us in the past? Yes No

Have you submitted an idea/invention in the past? Yes No

If yes, to whom?

10. Personal Goals: What are your goals for this idea/invention?

- I plan to establish employment for myself.
 I seek extra income.
 Other _____

11. Personal Information: The following information is useful in understanding and providing further assistance to idea/invention persons. It is kept in strictest confidence and is for statistical use only.

(A) Occupation: _____ (if organization, type of business)

Employed? Yes No

Self-Employed? Yes No Type of business _____

Years in business _____

Student? Where? _____ Major _____

Faculty? Where? _____ Dept. _____

(B) Year of Birth: _____ Sex:

(C) Educational Level:

Grade School

High School

College (if so) Degree(s) _____ Major _____

12. From what source did you learn about Innovative Product Technologies, Inc.?

Notes:

Form Submission

Please print this completed form and mail with your check or money order (\$275.00 in US funds) to either address below:

East Coast Location

The Executive Center
4131 NW 13th Street
Suite 220, Gainesville, FL 32609 USA
Phone: (352) 373-1007 Fax: (352) 337-0750

Northwest Location

Box 17 Glengary Bay Road
Sandpoint, Idaho 83864 USA
Phone: (208) 265-5938 Fax: (208) 265-4482

SKETCH OF INVENTION

To the best of your ability please sketch your idea/invention. A professional rendering is not necessary. Attach any supporting information on a separate page that may help to explain the idea/invention, such as technical descriptions, photographs, drawings, etc.

STEP TWO ~ IDEA/INVENTION DISCLOSURE

I request assistance from Innovative Product Technologies, Inc. Enclosed is a description and other materials, of my Idea/Invention for review by Innovative Product Technologies, Inc. I understand that you will send me your evaluation of the potential for my idea, approximately 4 to 6 weeks upon receipt of my mailing to Innovative Product Technologies, Inc.

I understand that Innovative Product Technologies, Inc. staff and consultants will treat all information and data received in the strictest confidence, unless I give Innovative Product Technologies, Inc. written permission to disclose the idea. When

requested, I agree to provide those materials necessary to ensure that the evaluation performed is satisfactory and to satisfy such other reasonable requests as may be made by Innovative Product Technologies, Inc. during its period of service on my behalf.

(a) For my protection, I understand that Innovative Product Technologies, Inc. acquires no right or license in my idea/invention by this submission.

(b) Innovative Product Technologies, Inc. will normally retain all submitted information for a period of three (3) years, but will return material if requested to do so at my expense.

(c) Please do not submit prototypes unless requested. Requested prototypes will be returned to me at Innovative Product Technologies' expense.

(d) It will be my responsibility to advise Innovative Product Technologies, Inc. of any change in my mailing address.

STEP THREE

THE NAME OF MY IDEA/INVENTION IS:

I have carefully read the previous agreement form and understand the contents.
Enclosed is my check/money order for the amount of \$275.00 (U.S. Funds) payable to

Innovative Product Technologies, Inc. at:
4131 NW 13th Street
Gainesville, FL 32609

for submitting the above idea, and my Sketch Page, and any other necessary forms.

Your Signature: _____

Please print your name here: _____

Street Address: _____

City: _____ State: _____ Country: _____

Zip Code: _____

Witness Signature: _____

* Witness can be any person, preferably an independent third party, a spouse or other relative who understands your idea/invention.

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