

Yes, we would like to participate in the WIN Innovation Network.

We can provide the following types of assistance for inventors:

- | | | |
|--|---|---|
| <input type="checkbox"/> Referrals | <input type="checkbox"/> Patents & Licensing | <input type="checkbox"/> Invest/Funding |
| <input type="checkbox"/> Technical Assessments | <input type="checkbox"/> Inventor Assistance | <input type="checkbox"/> Meet Inventors |
| <input type="checkbox"/> Showcasing | <input type="checkbox"/> Prototype Assistance | <input type="checkbox"/> Market Assessments |
| <input type="checkbox"/> Meet Investors | <input type="checkbox"/> Nation-Wide | <input type="checkbox"/> Limited |

We can provide the following types of assistance for smaller manufacturing enterprises and product marketing firms:

- | | | |
|---|---|---|
| <input type="checkbox"/> Packaging | <input type="checkbox"/> Business Planning | <input type="checkbox"/> R& D |
| <input type="checkbox"/> Market Planning | <input type="checkbox"/> Product Design | <input type="checkbox"/> Sources of Capital |
| <input type="checkbox"/> Patents/Copyrights | <input type="checkbox"/> Production Technical | <input type="checkbox"/> Promotion |
| <input type="checkbox"/> Financial Planning | <input type="checkbox"/> Licensing (In & Out) | <input type="checkbox"/> Export |
| <input type="checkbox"/> Market Research | <input type="checkbox"/> Product Technical | <input type="checkbox"/> Referrals |
| <input type="checkbox"/> Other: _____ | | |

Name _____
Company _____
Address _____
City/State/Zip _____
Phone _____
FAX _____
E-Mail _____
Website _____

Please fill out completely and either e-mail to ipt@inventone.com or mail to:
Innovative Product Technology, Inc., P.O. Box 817 Sandpoint, ID 83864 USA
