



Inventor Information Form

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Phone (day): _____ (evening): _____

E-mail: _____ Sign me up for Inside INPEX Yes No

Invention Name: _____

Patent Status: _____

Check off when complete:

_____ Main benefits (4 – 7 bullet points)

_____ How it works (4 – 7 bullet points)

_____ How or why you developed the idea

_____ A short biography (no more than 150 words)

_____ Two (2) copies of printed promotional materials (if you have them)

_____ 2 – 4 photographs (digital or hard copy)

NOTE: DO NOT SEND POLAROID OR COMPUTER PRINTOUTS

Please include the above information in an electronic form (i.e. Microsoft Word, simple text, or other standard word processing document) on a floppy or zip disc or on a CD-R. If including electronic photographs, images must be no less than 100 dpi (please refer to your digital camera's instructions).

Mail this form along with the materials to: Web Site c/o INPEX Innovation Marketplace, 217 Ninth Street, Pittsburgh, PA 15222