**Application Form**

**Name / Title of the Device:**

**Development Stage:** How far along is the invention process?

🞎 Concept Stage 🞎 Early Prototype Stage 🞎 Advanced Prototype Stage

**Intellectual Property Position:**

🞎 **Yes** 🞎 **No** Patents need to be filed:

🞎 **Yes** 🞎 **No** Patents filed (if yes) Date: \_\_\_\_\_\_\_

🞎 **Yes** 🞎 **No** Patents granted: \_\_\_\_\_ (if yes) Date: \_\_\_\_\_\_\_ \_\_\_\_\_ No.

Sole ownership of the Entrant: \_\_\_\_\_ yes \_\_\_\_\_ no

🞎 **Yes** 🞎 **No** Co-inventors Names of co-inventors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 **Yes** 🞎 **No** Institution/ Company have rights to the submitted Intellectual Property:

If yes, Names of Institution/Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 **Yes** 🞎 **No** Prior Art Search has been done

*NB: In case of co-inventors, institutions and Companies with rights to the submitted project will have to sign the Entry Application.*

**Best Affordable New Technologies in Urology Competition Registration Form**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MI: \_\_\_\_\_\_\_\_\_ Last Name:

Address: (Home or Office)

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_ Zip:

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Skype Address:

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of Institution(s) or Company(s) you are working for:

**Entrant’s Background:**

Profession: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years of Experience:

Education:

Number of Inventions to Date:

Other Information you would like us to know:

*You may submit multiple New Product Ideas, but you must submit a separate signed Inventor Entry Agreement for each New Product Idea.*

*If more than one person was involved in the creation of the idea(s) presented, the primary contact (Entrant) for the inventor team should be listed above.*

**Multiple Inventors**: (Check where is applicable) Are you the sole inventor? **Yes** ( ) **No** ( )

* If the answer is **No ( x ):**
* Are you authorized to bethe “Entrant” by the additional inventors? **Yes** ( ) **No** ( )

*If more than one person was involved in the creation of the new medical device you are proposing, the entire inventors team should be listed in the* No IP Protection Declaration *and each one needs to sign the Project Owner form.*

* If you have been authorized by the Additional Inventors to be the “Entrant” pleasetake care that *No IP Protection Declaration is* signed by each of the Additional Inventors.

**Signature: Date:**