

CONFIDENTIAL INVENTION DISCLOSURE DOCUMENT

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INTELLECTUAL PROPERTY LAW

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Please print or type your responses clearly, and feel free to attach supplemental pages, drawings or pictures where necessary.

INVENTOR		
_____ (Mr./Mrs./Ms.) (First)	_____ (M)	_____ (Last)
_____ (Address)		
_____ (Address cont.)		
_____ (City)	_____ (State)	_____ (Zip)
_____ (Daytime Telephone)	_____ (Evening Telephone)	
_____ (E-mail Address)		

CO-INVENTOR		
_____ (Mr./Mrs./Ms.) (First)	_____ (M)	_____ (Last)
_____ (Address)		
_____ (Address cont.)		
_____ (City)	_____ (State)	_____ (Zip)
_____ (Daytime Telephone)	_____ (Evening Telephone)	
_____ (E-mail Address)		

Additional Inventors (if "yes" please provide name and addresses) [] Yes [] No

DECLARATION

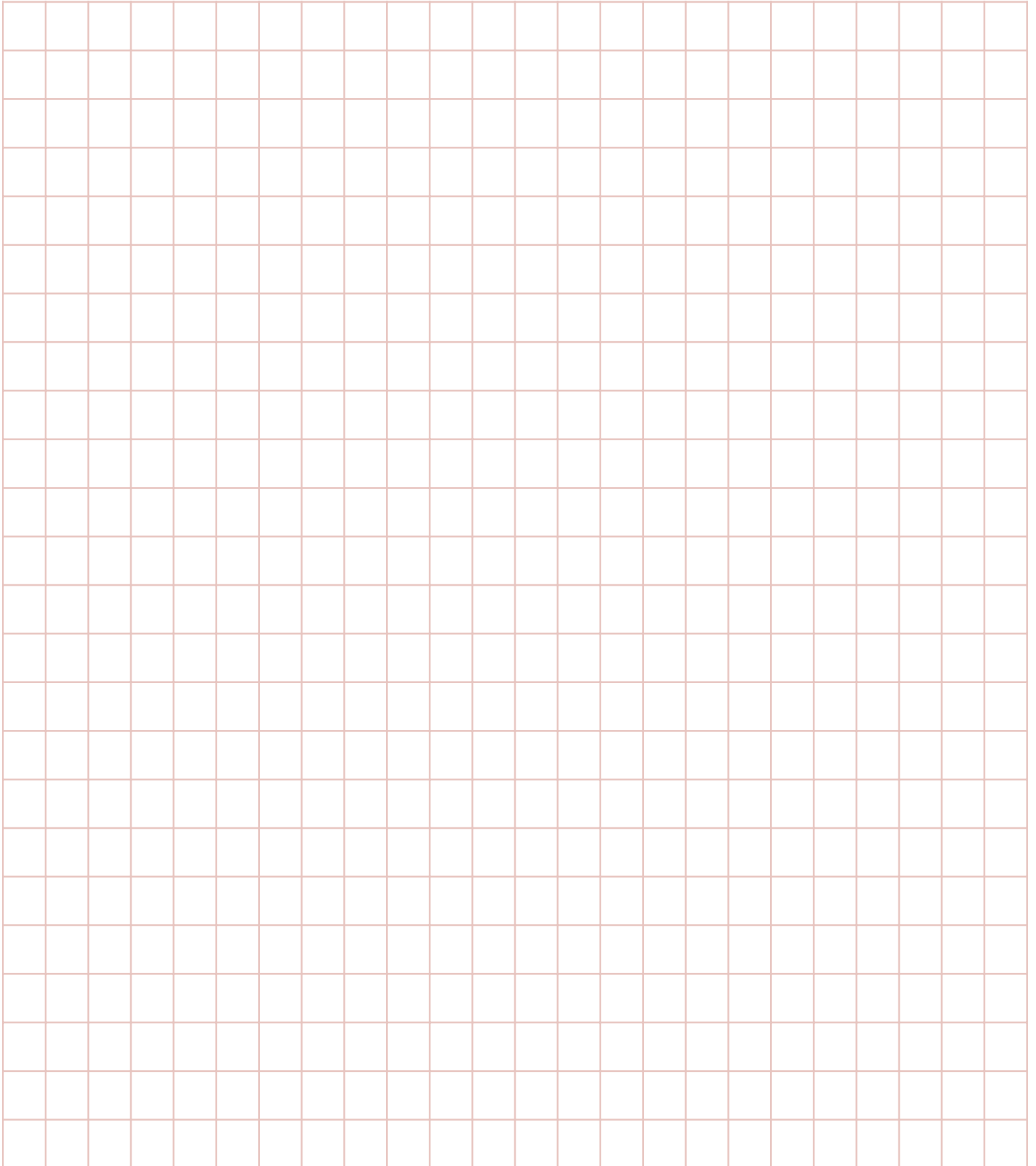
I (We) did conceive the invention described below in this Invention Disclosure Document on _____ (Date of Invention), and believe myself (ourselves) to be the original, first, and sole inventor(s) of the invention entitled: _____ (Title of Invention), and that all dates and statements made in this document are true to the best of my (our) knowledge and belief.

Signature of Inventor: _____ Date: _____

Signature of Co-Inventor (if applicable): _____ Date: _____

SKETCH OF INVENTION

Please provide a sketch of your invention and label all significant parts or components. You may also attach additional drawings, photographs or flowcharts if they depict your idea accurately.



DETAILED DESCRIPTION

1. Date of original conception _____

2. Date first disclosed to others. _____
3. Is this invention patented? _____ If yes, date of issuance. _____
4. If unpatented, has a patent search been conducted? _____
5. Do you have a working model or prototype? _____
6. Do you have any tools regarding your invention? _____
7. Describe the purpose of your invention: _____

8. Describe the appearance of your invention, including its structure: _____

9. Describe how your invention works, including its function: _____

10. Describe the dimensions and characteristics of your invention, including its shape, height, length, width, depth, and circumference (if circular), and the materials needed: _____

11. What features make your invention unique? _____

12. Identify all known products/patents similar to your invention, and describe how they are different.

13. What problem does your invention solve? _____

14. What groups of people would use this invention? _____

15. How did you develop this invention? _____

16. Additional information. _____

NOTORIZATION
(optional)

State of _____

County of _____

On this _____ day of _____, 200 ____, before me, a notary public within and for said County and State personally appeared the individual(s) stated above, to me known to be the individual(s) described in and who executed the foregoing instrument.

Notary Public:
My Commission Expires: