



INVENTOR DISCLOSURE FORM

- CONFIDENTIAL -

*Please fax this disclosure to: 801-665-1292 or email it to: steve@uspatentlaw.us
The confidentiality of everything disclosed is protected by attorney-client privilege*

DATE: _____

YOUR NAME:	_____
ADDRESS:	_____
PHONE NUMBER:	_____
EMAIL:	_____
NATIONALITY:	_____

INVENTOR'S NAME(S) AND NATIONALITIES:

(Please list the names of all individuals, not companies, who have developed to the development of the inventive idea).

CORPORATE OWNERSHIP:

(Name of the corporate entity having Ownership or rights in the invention).

General Questions

(1) What area, or type of technology, does the invention relate to?
(Check all that apply)

- | | | | |
|----------------------------------------------------|-----------------------------------------------------|-------------------------------------|------------------------------------------|
| <input type="checkbox"/> Chemical | <input type="checkbox"/> Software | <input type="checkbox"/> Electrical | <input type="checkbox"/> Business Method |
| <input type="checkbox"/> Method: | <input type="checkbox"/> System | <input type="checkbox"/> Plant | <input type="checkbox"/> Design |
| <input type="checkbox"/> Mechanical: Simple Device | <input type="checkbox"/> Mechanical: Complex Device | | |

