

INNOVATION ASSESSMENT CENTER

CONFIDENTIAL
INNOVATION REGISTRATION
AND DISCLOSURE
DOCUMENT

A service of the Washington State University
EDA UNIVERSITY CENTER
Implementation funding made available by the State of Washington

Administrative Offices
College of Business
Washington State University

Mail or e-mail completed forms to:

INNOVATION ASSESSMENT CENTER
EDA University Center
569 Todd Addition
PO Box 644750
Pullman, WA 99164-4750
iac@cb.wsu.edu

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CONFIDENTIAL
INNOVATION DISCLOSURE AGREEMENT

To: Innovation Assessment Center
569 Todd Addition
Pullman, WA 99164-4750

Date: _____

Enclosed is a description of my idea, for registration with the Innovation Assessment Center (hereafter called the Innovation Center), a division of Washington State University's Economic Development Administration Center.

I understand that those involved with the Innovation Center will treat all information and data received in complete confidence. In turn, I agree to provide, upon request, those materials necessary to ensure that the evaluation performed is satisfactory, and to satisfy such other reasonable requests as may be made by the Innovation Center during its period of service on my behalf. I further understand that I am obligated to remit, in advance, the normal fees associated with receiving this service.

I further understand that:

1. All information and evaluations thereof will be treated as exempt from public disclosure to the full extent allowed by law. If for any reason the Economic Development Administration Center is requested to produce information or materials pursuant to the Public Disclosure Act (RCW 42.17), or any other applicable law, the inventor/innovator shall be notified and have the opportunity to intervene and prevent the disclosure of such information. Information and materials will be reviewed and evaluated only by individuals who have signed nondisclosure agreements, unless prior written authorization otherwise is received from the inventor or innovator.
2. In submitting a proposal for review and evaluation in the Small Business Innovator's Opportunity Program, the inventor or innovator expressly waives any and all claims against the State of Washington, the Department of Commerce and Economic Development or Washington State University, or their officers, agents, employees, successors or assigns, which might arise out of the inventor's or innovator's participation in the program, including but not limited to damages occasioned by the loss of materials submitted for review and evaluation, disclosure of information, and reliance on advice or evaluations rendered.
3. Materials submitted herewith or in the future in connection with my idea may be retained by the Innovation Center or returned to me at my expense, at the option of the Innovation Center. It will be my responsibility to advise you of any change in my mailing address.
4. Any assistance beyond this initial evaluation is provided at the option of the Innovation Center and will depend upon the merit of my idea and the availability of staff and resources.
5. The Innovation Center acquires no right or license of my idea by this registration. I further understand that fees may be charged for additional services performed on my behalf by the Innovation Center and that these fees will be paid by me only upon successful funding or commercialization of my idea. It is further understood that all fees will be mutually agreed upon and authorized by me in advance of any work done by or at the direction of the Innovation Center. It is further understood that the Innovation Center has no obligation to perform any such future services, nor am I required to agree to any fee arrangement.

THE NAME OF MY IDEA IS: _____

I have carefully read this and the enclosed Registration form, and understand their contents. Enclosed is my check (or money order) made payable to the INNOVATION ASSESSMENT CENTER, Washington State University, for submitting my idea above.

Signature: _____

Printed or Typed Name: _____

Street Address: _____

City, State, Zip: _____

Phone: (____) _____

Signature of Witness: _____

DISCLOSURE

Please give a detailed description of your invention or innovation. Include information on the size of the device, materials, uses, and so forth. Please describe your invention in both a non-technical and technical manner.

(Use the space below for the non-technical description and attach the technical description on a separate page.)

It is suggested, but not required, that you have this description notarized if you have no other form of protection for your invention. This establishes the date of conception of your idea. **A DETAILED DESCRIPTION IS NECESSARY.**

State of _____
County of _____

On this _____ day of _____, 19__, before me _____,
Notary Public, personally appeared _____ known to me (or
proved to me on the oath of _____) to be the person whose
name is subscribed to the within instrument, and acknowledged that he (she or they) executed the same.

Witness my hand and official seal:

Notary Public in and for the
State of _____
County of _____

My commission expires _____

INNOVATION INFORMATION

Please fill out this section accurately and completely. This information is necessary for the evaluation of your invention or innovation. For your protection, do not send the originals of any supporting documents -- send copies only, please.

1. DEVELOPMENT STATUS:

A. I currently have:

- Idea only
 Rough sketches or diagrams Enclosed
 Finished working drawings Enclosed

(Copies of drawings would be helpful for evaluation.)

B. Prototype availability: (If a model or prototype exists, please enclose **3 complete sets** of photographs.)

DO NOT SEND PROTOTYPE UNLESS REQUESTED

- No prototype
 Design model
 Functional model
 Market ready prototype

C. Design modification -- I have thought about these design changes:

2. LEGAL PROTECTION -- I currently have:

- No protection
 Notarized records of invention
 COPYRIGHT: Number: _____ Issue Date: _____
 Done preliminary patent search: Date of Search: _____
Copy of findings enclosed: YES NO
 Disclosure Document with U.S. Patent Office Date: _____
 Applied for a patent: Application Date: _____
 PATENT: Number: _____ Issue Date: _____
Copy of patent enclosed: YES NO

3. PRODUCT TESTING: (Please enclose copies of test results, if available.)

Does the product work as intended? ___ YES ___ NO

Estimated life span before failure: _____

Testing conducted by: _____

4. MARKET TESTING:

A. I have shown or discussed my idea with:

___ Relatives ___ Friends ___ Others (Specify) _____

Positive comments: _____

Negative comments: _____

B. Competition: (List existing products or processes that perform a similar function.)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

C. Competitive Advantages: (Describe why your invention is better than existing products or processes, in order of greatest importance.)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

D. Previous Marketing Efforts: (Describe any previous attempts that have been made to sell your product.)

Date(s), location and result of marketing effort: (Attach additional page, if necessary.)

1. _____

2. _____

3. _____

Quantity sold: _____ Selling price: _____

Manufactured by: _____

Reason(s) for discontinuing marketing effort: (List in order of importance.)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

E. Previous Agreements -- I have entered into prior agreements regarding this invention with:

<u>Name</u>	<u>Purpose</u>	<u>Date</u>	<u>Still in Effect (Y/N)</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

F. The estimated amount of time spent on the development of this idea is _____.

The amount of money spent on the development of this idea is approximately \$_____.

5. PRODUCT COST: (Use additional sheet(s) for details. Include accurate source information, including telephone numbers and addresses.)

Estimated manufacturing costs:

Materials (per unit): _____ Date of estimate: _____ Source: _____

Labor (per unit): _____ Date of estimate: _____ Source: _____

Manufacturing equipment (dies, molds, etc.) Date of estimate: _____ Source: _____

6. PRODUCT PRICING: (Indicate different pricing levels, if applicable.)

Estimated price to wholesaler or distributor (per unit): \$_____

Estimated price to retailer (per unit): \$_____

Estimated price to end customer (per unit): \$_____

7. CUSTOMER ACCEPTANCE -- I have planned for, or have developed:

___ Instructions for proper use

___ Product visual appearance for customer appeal

___ Packaging design: ___ for display ___ for protection ___ for shipping ___ for customer appeal

___ With professional assistance (Supply details on separate sheet, if necessary.) ___ On my own

___ None of the above

8. FURTHER DEVELOPMENT NEEDED:

THIS INFORMATION IS REQUESTED TO LEARN OF THE ADDITIONAL NEEDS OF OUR CLIENTS. THE INNOVATION ASSESSMENT CENTER DOES NOT PROVIDE THESE SERVICES AS PART OF OUR REVIEW PROCESS.

A. In my estimation, the following tasks need to be accomplished to bring my product into production or to a market-ready stage:

Product Design: _____

Prototype: _____

Engineering: _____

Testing: _____

Other: _____

B. My ultimate goals are: (Number in order of importance.)

___ Establish a company for manufacturing and sale of the product

___ Have the product manufactured by someone else, for me to distribute and sell

___ Manufacture, for someone else to distribute and sell

___ Locate a buyer for outright sale of invention

___ License manufacturing and marketing for a royalty

___ Locate a product development firm

___ Other (Specify) _____

C. New or On-going Venture: (Number in order of importance.)

___ Locate new or expanded market

___ Prepare a business plan

___ Joint Venture

___ Locate source of venture capital

9. SPECIFIC NEEDS: (If not covered by Item 8.)

10. How I first learned about the Washington State University Innovation Assessment Center. (Please be as specific as possible, since this helps us to determine ways to reach independent inventors.)

11. I have submitted an idea or invention to the INNOVATION ASSESSMENT CENTER before:

NO YES If yes, what was the file number? _____

12. I have submitted an idea or invention to another service:

NO YES If yes, what was the name of the service? _____

13. PERSONAL INFORMATION: (This information is useful in understanding and assisting independent inventors. It is for statistical use only, and is kept confidential.)

A. Current occupation, or occupation before retirement: _____

I am currently:

Employed Name of employer: _____

Employer's address: _____

Your job title: _____

Self-employed Name of your business: _____

Business address: _____

Your job title: _____

Engaged in small business Engaged in large business

Retired

Unemployed

B. Birth date: ___ / ___ / _____ Male Female

C. Education: Grade School High School
 College Highest Degree: _____ Major: _____

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Or E-mail completed form to:

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