

File No.: CSU- _____
 Date of Disclosure: _____

COLORADO STATE UNIVERSITY INVENTION DISCLOSURE FORM

THE INFORMATION CONTAINED IN THIS FORM IS CONFIDENTIAL AND
 MAY NOT BE DISTRIBUTED OR COPIED WITHOUT WRITTEN PERMISSION

Instructions: Please complete all sections, sign your name, and submit to CSURF, Technology Transfer Office:

- Via e-mail: cindy.pederson@csurf.colostate.edu
- USC campus mail 9100
- Deliver to 601 S. Howes Street, Suite 410
- Mail to P.O. Box 483, Fort Collins, CO 80522, c/o Cindy Pederson, Business Manager, TTO

Should you have any questions, we may be reached by phone at (970) 482-2916. Thank you!

TITLE

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INVENTORS

Full Name			Citizenship	% Cont.	Department	Email Address	Campus Phone No.
First	MI	Last					

Stage of Development	Date	Location	Persons, Records or Supporting Facts
First Disclosure to Others			
First sketch or drawing			
First Written Records			
First device or prototype			
First successful operational test			

PUBLIC DISCLOSURE

Please list any and all related prior and planned publications, presentations, abstracts, posters, proposals, theses/dissertations, and/or discussions with industry, other universities, or investors (including dates)

BRIEF SUMMARY OF INVENTION

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DETAILED DESCRIPTION OF INVENTION

Paper(s), more complete descriptions, figures, images, etc., should be appended

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MARKET OPPORTUNITIES

Potential Commercial Applications for Invention:

Companies That May Be Interested In Commercializing This Invention:

Advantages Over State Of The Art:

SPONSOR

Please list below all sources of funding for materials, equipment and/or salaries of all personnel involved in making the invention (check where appropriate):

1. Funding provided by unrestricted University/Departmental budget.

2. Funding provided by federal, state or non-profit granting agencies:

Agency	Grant or Contract #	CSU Acct #	Funding Period

3. Funding provided by industry:

Company/Organization	Grant or Contract #	CSU Acct #	Funding Period

MATERIAL TRANSFER AGREEMENTS (MTAs)

Are There Any MTAs Associated With This Invention?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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PREFERRED OUTCOMES

1. I wish to document and file this Invention Disclosure only.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. I would like CSURF to file a patent application.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. If CSURF decides not to proceed with patent protection...	<input type="checkbox"/> I would like CSURF to return the invention	<input type="checkbox"/> I would like CSURF to retain for potential future licensing
4. I am interested in commercializing this invention by forming a start-up company...	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SIGNATURES

Name and signature of each inventor is required at the time of completion of this form

MAIN CONTACT Inventor 1: _____ Signature: _____ Residence: _____ _____	Inventor 2: _____ Signature: _____ Residence: _____ _____
Inventor 3: _____ Signature: _____ Residence: _____ _____	Inventor 4: _____ Signature: _____ Residence: _____ _____
Inventor 5: _____ Signature: _____ Residence: _____ _____	Inventor 6: _____ Signature: _____ Residence: _____ _____