



**UTI Business Ventures Inc.**

*A subsidiary of University Technologies International Inc.*

# **Invention Information Form For Independent (Non-UofC) Researchers/Inventors**

1. Name: \_\_\_\_\_

2. Company (if applicable): \_\_\_\_\_

3. Address: \_\_\_\_\_  
\_\_\_\_\_

4. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_

5. Descriptive title of the technology (non-confidential information only):  
\_\_\_\_\_  
\_\_\_\_\_

6. In what year(s) did the majority of the work on this invention/research take place?  
\_\_\_\_\_

7. Is this Invention related to your work or professional education? Yes\_\_\_\_ No\_\_\_\_  
If Yes, please indicated the primary area of your work experience or education.  
(Attach a resume if available):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Have there been any public disclosures of the technology? i.e. have you: spoken about the technology at a public gathering, published (print or electronic) anything containing information about the technology, sold anything that incorporates some or all of the technology?  
Yes\_\_\_\_ NO \_\_\_\_  
If Yes, please provide details of when and where these disclosures were made.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Have you commissioned a patent search or conducted one yourself? Yes\_\_\_\_ No\_\_\_\_

10. Have you obtained or are you currently seeking any intellectual property protection on this invention? i.e., patents, copyrights, trademark, industrial design patent. Yes\_\_\_\_ No\_\_\_\_  
If Yes, please provide details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Are you the sole inventor? Yes\_\_\_\_ No\_\_\_\_

If there are other inventors, list the name(s) and contact information below:

**Inventor**

Name: (Specify Dr./Mr./Ms.): \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Province: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Inventor**

Name: (Specify Dr./Mr./Ms.): \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Province: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

12. What support have you received in creating this invention? None\_\_\_\_ Employer(s)\_\_\_\_  
Government Agencies\_\_\_\_ Universities\_\_\_\_ Other Funding Agencies\_\_\_\_

13. In what industries and sectors might this technology be employed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Who are the potential customers for this technology?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Submission of this form to UTI is voluntary and does not obligate UTI or the inventor in any way to provide or accept services related to the technology/invention. This form can be submitted by fax at (403) 270-2384 or by mail to the address below. Attach additional information for additional inventors.**

Date: \_\_\_\_\_ Inventor Signature \_\_\_\_\_

Date: \_\_\_\_\_ Inventor Signature \_\_\_\_\_

Date: \_\_\_\_\_ Inventor Signature \_\_\_\_\_

How did you hear about UTI and its services?

\_\_\_\_\_  
\_\_\_\_\_

**UTI Business Ventures Inc.**  
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**Tel: (403) 270-7027 Fax: (403) 270-2384**