



Invention Submission Short Form



This form is used to report an initial discovery or invention made by faculty members, fellows, and staff members (including students on appointment as University employees), by anyone using University facilities, or by anyone collaborating with any of the above individuals ("Inventors"). Inventors at CU are bound by University of Colorado Policy on Discovery and Patents.

I. INVENTOR INFORMATION

Please enter your name and sign where indicated.

A. Names of Inventors. List the corresponding inventor first. The corresponding inventor will be the point-of-contact between your research group and the Technology Transfer Office.

Corresponding Inventor

Name: _____	Title: _____
Telephone: _____	E-mail: _____
Department: _____	Campus Address: _____
Inventor contribution (%): _____	Personal e-mail: _____
Home Address: _____	Country of _____
Signature: _____	Citizenship: _____
	Date: _____

Inventor Affiliation: _____	
Name: _____	Title: _____
Telephone: _____	E-mail: _____
Department: _____	Campus Address: _____
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Home Address: _____	Country of _____
Signature: _____	Citizenship: _____
	Date: _____

Inventor Affiliation: _____	
Name: _____	Title: _____
Telephone: _____	E-mail: _____
Department: _____	Campus Address: _____
Inventor contribution (%): _____	Personal e-mail: _____
Home Address: _____	Country of _____
Signature: _____	Citizenship: _____
	Date: _____

Inventor Affiliation: _____	
Name: _____	Title: _____
Telephone: _____	E-mail: _____
Department: _____	Campus Address: _____
Inventor contribution (%): _____	Personal e-mail: _____
Home Address: _____	Country of _____
Signature: _____	Citizenship: _____
	Date: _____

Attach additional inventor identification sheets as necessary.

Return this form to:
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