

Invention Convention 2015



Rochester Region – Finger Lakes Student Invention Disclosure Form page 1

Title of Invention: _____

Inventor's Name (please print): **first** _____ **last** _____

Parent/Guardian's Name(print): **first** _____ **last** _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

School Name: _____ Grade: _____

Teacher' Name: _____

To the best of my knowledge, I am the first and sole inventor of the invention described herein.

Inventor's Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

I understand that my child's invention is not legally protected by this disclosure and this will likely be deemed a public disclosure of the invention. If patent protection is desired in the U.S. a patent application **is advisably** submitted to the **United States Patent and Trademark Office (PTO) before this application is submitted**. I will take appropriate steps if I decide to pursue legal protection of the invention. I also agree to hold the Organization, Officers, Directors and Finger Lakes Invention Convention, Inc. sponsors harmless from any action resulting in loss of patent rights due to disclosure of the invention as part of the above-identified program. The member Intellectual Property Law Associations and Finger Lakes Invention Convention, Inc. sponsors may use my child's invention, name and photographs to publicize this program.

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Student Invention Disclosure Form page 2

Inventor's Name (please print): **first** _____ **last** _____

Title of Invention: _____

Problem Statement: _____

Description of Solution: _____

Drawing of the Invention: *Please use pen on these pages and label parts of the invention.
If area below is too small, attachments, including extra pages, drawings and photographs, will be accepted.*

Mail this form to: Invention Convention 2015 Entries
Attention: Steve Nash
151 Collenton Dr.
Rochester, NY 14626
Must be received by August 4, 2015

