

Commercial Interest

<u>Company Name</u>	<u>Contact Person</u>	<u>Phone Number/E-mail</u>
_____	_____	_____
_____	_____	_____

Inventor Data / Primary Contact Person

Name: _____	Campus Address/Dept.: _____		
Home Address: _____	Title: _____		
City/Zip: _____	Citizenship: _____	Social Security #: _____	
E-mail: _____	Home Phone: _____	Office Phone: _____	Fax: _____

Inventor Data

Name: _____	Campus Address/Dept.: _____		
Home Address: _____	Title: _____		
City/Zip: _____	Citizenship: _____	Social Security #: _____	
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Inventor Data

Name: _____	Campus Address/Dept.: _____		
Home Address: _____	Title: _____		
City/Zip: _____	Citizenship: _____	Social Security #: _____	
E-mail: _____	Home Phone: _____	Office Phone: _____	Fax: _____

Inventor Data

Name: _____	Campus Address/Dept.: _____		
Home Address: _____	Title: _____		
City/Zip: _____	Citizenship: _____	Social Security #: _____	
E-mail: _____	Home Phone: _____	Office Phone: _____	Fax: _____

Inventor's Signature(s)

In order for this Invention Disclosure Form to be complete, and to be processed by OTD, it must be signed and dated by all inventors.

I/we, the Inventors, hereby certify that the information set forth in this Invention Disclosure Form is true and complete to the best of my/our knowledge.

I/we, the Inventors who are subject to University System of Maryland, Board of Regents Policy and are not under an obligation to assign intellectual property rights to another party, hereby affirm that in consideration for UMBC's evaluation of commercial potential and a share of income which I/we may receive upon commercialization of my/our invention, I/we on the date of my/our signature as indicated below do hereby assign and transfer my/our entire right, title and interest in and to the invention described herein unto UMBC, its successors, legal representatives and assigns.

<u>Inventor Signature</u>	<u>Print Name</u>	<u>Date</u>
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____