



Inventor Introduction Form

Help us understand your innovation so we can best advise you.

Name of business: _____

Name of Inventor: _____

Email: _____ Phone: _____

Location of Business (city): _____ Website: _____

Do you have a legally established business in the state of WA? _____

Name of Current Project/Product: _____

Please describe your invention:

What stage is this product in?

Conceptual Prototype Testing Finished product available

Other: _____

Who is your target market? _____

What assistance are you looking for?

ADDITIONAL NOTES:

Return this form as an attachment to: innovationstation@thurstonedc.com.

If you have a one page brochure of your product or business please include.