

NATH, GOLDBERG & MEYER

Attorneys at Law

T:703.548.6284 || 703.486.1000

F:703.683.8396 || 703.486.7000

112 S. West Street
Alexandria, VA 22314

EMAIL: ip@nathlaw.com

HTTP://www.nathlaw.com

CONFIDENTIAL RECORD OF INVENTION & PATENT SEARCH REQUEST FORM

PLEASE COMPLETE THIS FORM AND RETURN IT TO US BY MAIL OR FAX

INVENTOR INFORMATION			
oMr. oMs. oMrs. oDr. o_____		Full Name:	
Street Address:			
City:	State or Province:	Zip Code:	Country
Home Phone:	Work Phone:	Cell Phone:	
Fax Number:	Date of Birth:	Occupation:	
Website Address:		E-mail Address:	
Are you a first time client? o Yes o No		Best Time to Call:	
Mailing Address (If different from Street Address)			

CO-INVENTOR INFORMATION (LIST ADDITIONAL CO-INVENTORS WITH CONTACT INFORMATION ON A SEPARATE PAGE)			
oMr. oMs. oMrs. oDr. o_____		Full Name:	
Street Address:			
City:	State or Province:	Zip Code:	Country:
Home Phone:	Work Phone:	Cell Phone:	
Fax Number:	Date of Birth:	Occupation:	
Website Address:		E-mail Address:	
Are you a first time client? o Yes o No		Best Time to Call:	
Mailing Address (If different from Street Address)			

Please list other persons who are authorized to have access to your file information:

Please provide a title (descriptive name) of the invention:

INFORMATION ON YOUR INVENTION

What is the purpose of your invention and who would use it?

Describe your invention, including how it functions.

What are the unique features and benefits of your invention?

What is your primary business objective?

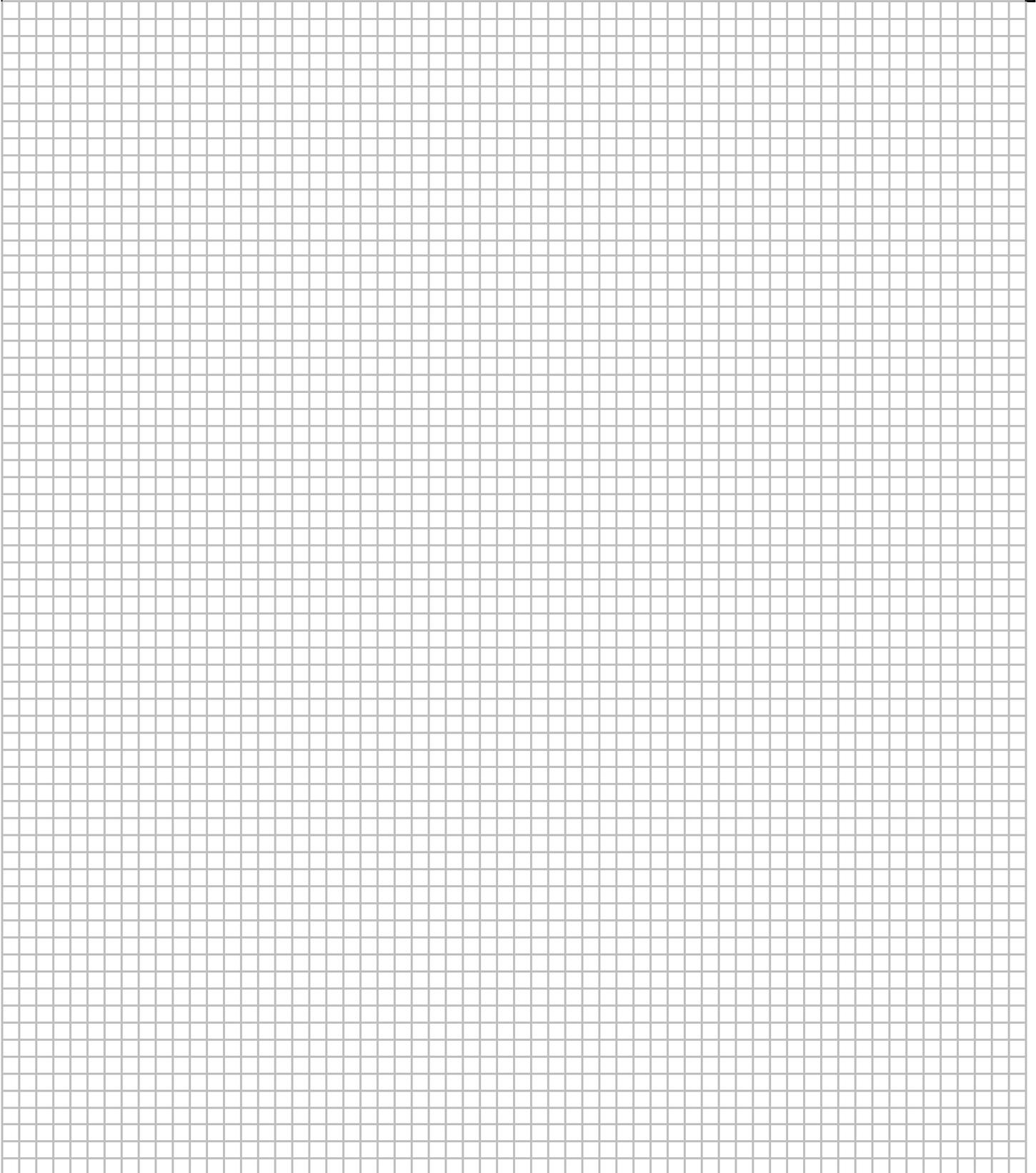
- Use invention in own business
- Sell or License the invention
- Both
- Not Sure
- Other:

Do you have a Trademark (name, logo, slogan, etc.) to identify you as the source of the invention?

SKETCHES & DRAWINGS

Please provide a rough sketch of your invention and/or attach photographs or other drawings of your invention.

Models should only be sent if specifically requested.



PATENT SEARCH REQUEST	
<p>The patentability search is offered for a fixed fee, and includes:</p> <ul style="list-style-type: none"> • Search at USPTO of U.S. and foreign patents using Examiner Automated Search Tool (EAST) system; • EAST system search at the USPTO of published U.S. and foreign patent applications; • Use of Internet and other USPTO resources to conduct the search; • Consultation with Patent Examiners, as needed, about the field of research; • A search report by a registered patent practitioner; • Report delivered electronically with hyperlinks to relevant patents (or by U.S. Mail), and • Completion typically within 10 - 15 business days 	
U.S. & FOREIGN PATENT SEARCH AND PROFESSIONAL CONSULTATION	
<input type="radio"/> U.S. and Foreign Patent Search (completion within 10 -15 business days) (Deliver to U.S. and Canada)	\$550 ^{.00}
<input type="radio"/> Expedited Service (completion within 5 business days)	+ \$300 ^{.00}
<input type="radio"/> Large Entity Surcharge (applies if you are NOT an independent inventor, small business, nonprofit or educational institution)	+ \$500 ^{.00}
<input type="radio"/> SAVE \$50.00 – Search delivered electronically only	- \$50^{.00}
<input type="radio"/> Deliver by U.S. mail to all other destinations (including copies of relevant patent documents)	+ \$50 ^{.00}
TOTAL AMOUNT PAID	

METHOD OF PAYMENT											
<input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> MONEY ORDER* <input type="radio"/> CHECK*											
<p><u>If Credit Card</u>, please provide:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Cardholder Name:</td> <td style="width: 80%;"></td> </tr> <tr> <td>Billing Address of Card Holder</td> <td></td> </tr> <tr> <td>Card Number:</td> <td></td> </tr> <tr> <td>Expiration Date:</td> <td></td> </tr> <tr> <td>Cardholder Signature:</td> <td></td> </tr> </table>	Cardholder Name:		Billing Address of Card Holder		Card Number:		Expiration Date:		Cardholder Signature:		<p>* PLEASE MAKE CHECKS AND MONEY ORDERS PAYABLE TO :</p> <p>NATH, GOLDBERG & MEYER</p>
Cardholder Name:											
Billing Address of Card Holder											
Card Number:											
Expiration Date:											
Cardholder Signature:											
<p>The search report will be sent to the first inventor listed on this form, unless noted below:</p> <p><input type="radio"/> Send to Co-inventor listed instead <input type="radio"/> Other: _____</p>											

Mail or FAX this form to us **or** Fill out our search request form at www.4patent.com