

Please fill in the form. Save it. Then send it by email to your local node

FORM 1 Preliminary inquiry

INSTRUCTIONS

Title of project/product				Name your idea
Type of invention				ex. Hand tool/Plastic vessel/Textile goods/ Digital application etc
Intellectual Property	Patent	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Yes or No
	Other			Such as Design- , Trademark- , Copyright protection
Branch				Mechanics/Chemistry/Energy/ Environmental/Green Tech etc
Name of the inventor				Printed name of the inventor
Email adress				
Postal adress	Street / nr			
-"-	City / zip code			
-"-	State / Country			
Telephone number				
Inquiring contacts for:				Manufacturer/Licencee/Financial partner/ Prototyping/Moulding tools/Buyer
IFIA Member Association				
Authorized Node				Printed name of the TTC registered Node
Node email address				

NOTE! This form will be forwarded to the TTC by your node!