

Invention Disclosure Document

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Please complete the following sections of this document (pages 1 through 6) to fully and clearly describe your invention. This information will help to *record your invention*. It is recommended that you review this entire document *BEFORE* beginning to fill it out. If you have any questions, feel free to call our office for assistance.

See our INSTRUCTIONS.PDF page

Title of the Invention: _____

Inventor 1:

Full Name (First, Middle, Last): _____

Address: _____ Citizen of: _____

Phone: _____ Fax: _____ Email: _____

Signature: _____ Date of Signature: _____

Inventor 2:

Full Name (First, Middle, Last): _____

Address: _____ Citizen of: _____

Phone: _____ Fax: _____ Email: _____

Signature: _____ Date of Signature: _____

Non-Disclosure Agreement

Island Patent, and any and all affiliates, do hereby agree to consider all material and articles, and the information they contain, as PROPRIETARY AND PERSONAL MATERIALS, belonging to the above listed inventor(s). As such, all materials and articles, and the information they contain, will be held in the strictest confidence, and considered to be the private and confidential property of said inventor(s). Further, all said materials will be promptly returned, along with any photocopies that have been produced, upon the request of said inventor(s).

F. Scott Tierno

F. Scott Tierno
Registered Patent Agent
USPTO Reg. No. 39,399

Inventor Questionnaire - Several Important Questions

Are you the true inventor(s) of the invention named above? Yes No

Have you discussed your invention with other individuals? Yes No

If yes, when and with who: _____

Have you published any articles on your invention? Yes No

If yes, what was the publication date: _____

Have you ever sold or offered your invention for sale? Yes No

If yes, what was the sale/offer date: _____

Have you at any time used your invention in public? Yes No

If yes, what was the public use date: _____

Conception of your Invention - Clearly describe the date and place where you *thought* of the invention. What motivated your discovery or idea?

Reduction to Practice - Clearly describe the date and place where you *completed* your invention (built or defined it completely).

Do you have a working model of your invention? Yes No

Testing - If applicable, briefly describe any *testing* that was conducted in developing your idea.

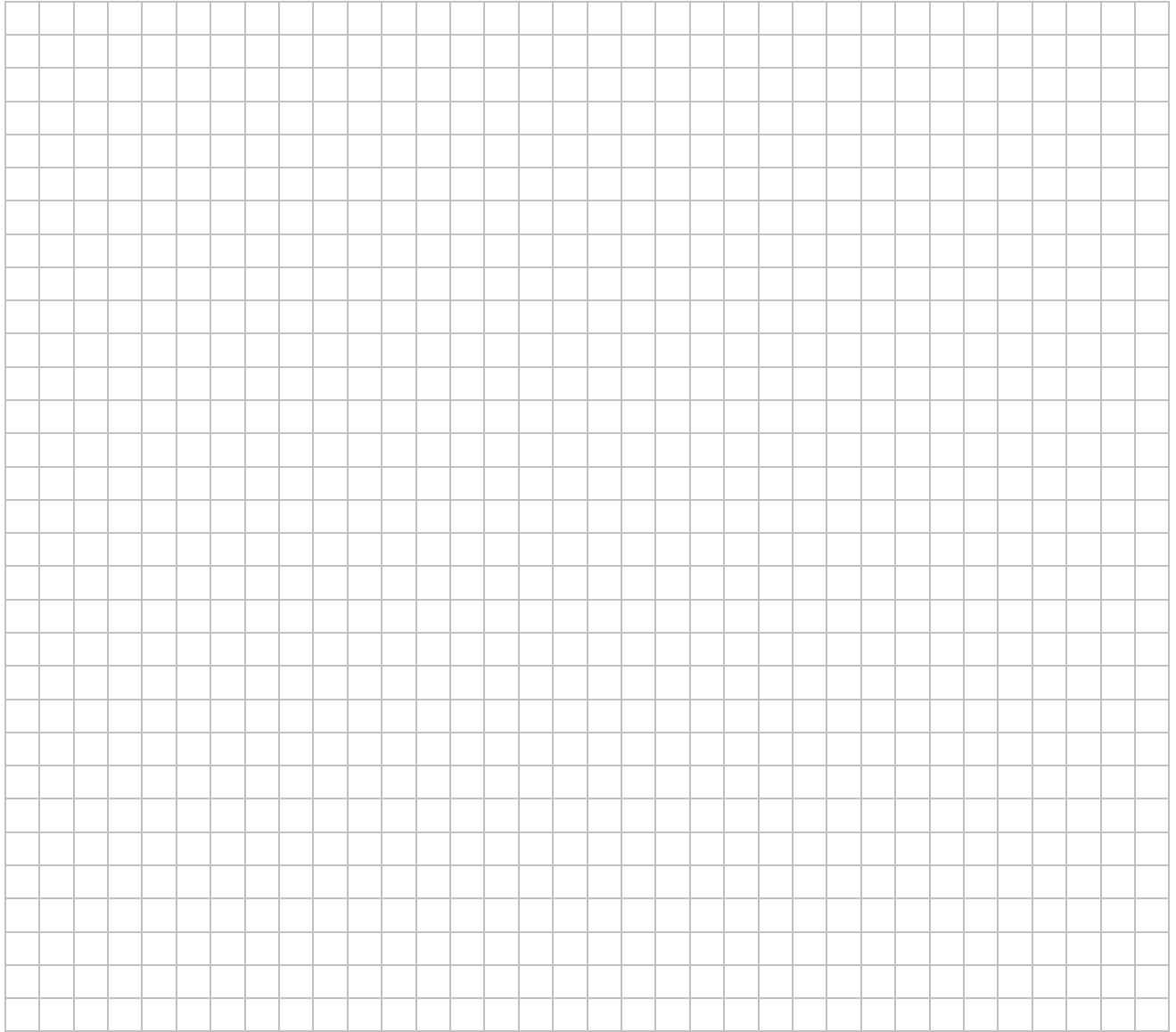
Construction - What materials are needed to construct your invention?

Novel and Unique Features - Briefly list and describe any *features* of the invention that are novel, unique, or unusual.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

Invention Drawings

In the space below, please provide any applicable figures, sketches, and tables. If you need more space, feel free to make photocopies of this sheet for your personal use. After your invention drawings are complete, discuss them with your witnesses. When you are sure they fully understand the drawings, have them sign and date each and every sheet.



• **Inventor(s)** _____

Signature(s) _____ **Date:** _____

• **Witness #1** _____

Signature _____ **Date:** _____

• **Witness #2** _____

Signature _____ **Date:** _____

If you are unable to locate suitable witnesses, please locate a Notary Public to complete the certificate given below.

Notary Public Certificate

I (we) _____ being duly sworn, do hereby
declare on this _____ day of _____ in the year _____, that I (we) are the first and
true inventors of the invention described on the preceding pages and that the information included on said
pages is correct to the best of my (our) knowledge and recollection. I (we) do hereby make this declaration in
the county of _____ in the state of _____ in the United States of America.

Signature(s) _____

Subscribed and sworn to before me:

Place
Notarial
Seal
Here

Notary Public _____

My commission expires on _____

This section completed by a Notary Public

When completed, mail a copy of this document to:

Island Patent
12 Rutgers Road
Farmingville, NY 11738-1467