



Innovation Monday – Full Program Application

Concept Development Phase, Page 1 of 2

(9/09)



Part I Complete this part to include contact information. See P. 3 for help with fill-in forms.

a. Your name: <input type="text"/>	d. Phone: <input type="text"/>
b. Company: <input type="text"/>	e. E-mail: <input type="text"/>
c. Address: (no., street or PO box, city or town, state, ZIP code) <input type="text"/>	f. How you learned about the program: <input type="text"/>

Since many who take advantage of Innovation Monday do so through the Small Business Development Center program, which is partially funded by the U.S. Small Business Administration, responses to “G”-“K” are requested but are voluntary.

g. Check one: Asian Black Native American/Alaska Native Native Hawaiian/Pacific Islander White

h. Hispanic Ethnicity: Yes No **i. Gender:** Male Female

j. Disability: Yes No

k. Check one: Non-Veteran Veteran Service-connected Disabled Veteran

Part II Respond to the following questions by checking YES or NO in the box.

	YES	NO
1. Is it your intention to commercialize your new product concept?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you prepared to devote the time necessary to develop your idea at this time?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Will you take all reasonable steps to prove the feasibility of your idea?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you willing to commit to a rigorous process in order to advance your concept?.....	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: A “NO” response to one or more of the above four questions could indicate that your project may not be a good match for Innovation Monday’s – Full Program. In that case, you might consider Innovation Monday – Individual Tutorials. Request an application at: info@innovationmonday.com

Part III Respond to the following questions by checking YES or NO in the box.

	YES	NO
1. Is this new product concept solely your idea?.....	<input type="checkbox"/>	<input type="checkbox"/>
<i>If NO, be prepared to produce evidence that you have permission to develop and commercialize the product idea on behalf of any co-inventors.</i>		
2. Have you searched for whether or not the product idea already exists?.....	<input type="checkbox"/>	<input type="checkbox"/>
<i>If NO, be prepared to produce some evidence that your product idea has merit over existing products and/or patents.</i>		
3. Do you have a preference as to how the product innovation will initially be launched?.....	<input type="checkbox"/>	<input type="checkbox"/>
<i>If NO, be prepared to present how you would like this product to get to your target consumer, e.g., through your own company, someone else’s, a license agreement, other.</i>		



Part IV Check the box before any task that applies to your product and that is completed.

A. Project planning, asset analysis, organization and management

- | | | |
|--|---|--|
| <input type="checkbox"/> Product definition | <input type="checkbox"/> Invention documentation | <input type="checkbox"/> List of skills needed |
| <input type="checkbox"/> Organizational plan | <input type="checkbox"/> Project management decisions | <input type="checkbox"/> Project goals |

B. Market research and marketing research

- | | | |
|--|---|---|
| <input type="checkbox"/> Prior art search | <input type="checkbox"/> Market & industry research | <input type="checkbox"/> Concept feedback from target users |
| <input type="checkbox"/> Preliminary patent search | <input type="checkbox"/> Competition analysis | <input type="checkbox"/> Product feedback from target users |

C. Proof of theory and intellectual property protection

- | | | |
|--|---|--|
| <input type="checkbox"/> Proof the product concept works | <input type="checkbox"/> Proof the product can be made | <input type="checkbox"/> Security of any trade secrets |
| <input type="checkbox"/> Professional patent search | <input type="checkbox"/> Intellectual property protection | <input type="checkbox"/> Non-disclosure agreements |

D. Business model for product launch and product positioning

- | | | |
|---|---|---|
| <input type="checkbox"/> Risk analysis of preferred model | <input type="checkbox"/> Business model chosen, role in | <input type="checkbox"/> Product development strategy |
| <input type="checkbox"/> Options to market weighed | <input type="checkbox"/> Backup choice/alternate model | <input type="checkbox"/> Product position vs. competition |

Part V In what specific areas of innovation development would you like assistance?

Part VI Sign, date, save & return completed form by e-mail or print a copy to return by mail.

I would like to participate in Innovation Monday – Full Program, Concept Development Phase. I have read and agree to the terms/conditions as outlined in the program description.

Signature (Type name or sign)

Application Date

Upon completing the above, save & return by e-mail (preferred method,) or US mail.

E-mail to: info@innovationmonday.com

Mail to: The Inventing Life – Innovation Monday
 PO Box 5017
 Greene RI, 02827

For internal use only.

<input type="checkbox"/> Initial conference	Date of session	<input type="text"/>
<input type="checkbox"/> Follow up conference	\$295. program fee paid	<input type="text"/>

Instructions for Innovation Monday Fill-In Forms

In order that we may assist you more efficiently, the preferred method of receiving Innovation Monday PDF applications is as attachments to e-mail messages.

Electronic Fill-in Forms using Adobe Acrobat

Innovation Monday PDF forms use features provided with Adobe Acrobat products. To view, complete, save, and print these forms, you will need the freely available Adobe Reader software installed on your computer. Innovation Monday PDF forms have been enabled with “document rights” which allow you to save what you have filled in on your computer. Version 6.05 or later of Adobe Reader is required for this feature to function.

Opening the Form

Your web browser may be configured with an Adobe Reader plug-in to automatically open PDF files within your browser’s window upon download. You may also download the file directly to disk by selecting “save target/link as...” from the menu. Then use Adobe Reader to open the file.

Fill-in forms with the ability to save locally will generate a dialog box when opened with Adobe Reader. If you are using Adobe Reader 6.05 or later, the dialog box will indicate that document rights have been applied to the PDF file and you can save the completed fill-in form. If you are using a version prior to 6.05, the dialog box will indicate that some features of the document will not operate and you will be prompted to obtain a newer version of Adobe Reader. This free download can be found on the Adobe website (www.adobe.com)

Completing the Form

Enter the appropriate data in each box or field. To move from one field to the next, press the tab key. You can also use your cursor to move from field to field. Place your cursor in the field you want to fill in, and then left-click.

Some fields limit the maximum number of characters you can enter and may automatically advance to the next field. Please limit your responses to the space provided. For additional help with fill in forms, see the Adobe Reader’s online help information.

Alternately, you can print the form, fill it out manually and return by mail.