eureka medical
THE INVENTOR NETWORK

Invention Roadshow Registration Form

First Name: _____MI: _____ Last Name: _____

Address: _____

_____

City: _____ State:_____ Zip:_____

Daytime Phone:_____ Evening Phone:_____

Fax: _____ E-mail:_____

Join The Medical Inventor Network and receive quarterly eNewsletter MedInvent with latest in medical device trends and updates on targeted medical innovation searches _____ **yes** _____**no**

Multiple Inventors: (Check here is applicable) _____
If more than one person was involved in the creation of the idea (s) you plan to present, the primary contact for the inventor team should be listed above. We will obtain the information for the other team members when we call to finalize your registration.

How did you hear about us?
(Please check all that apply and provide the name of the source if possible)

Check Source	*Name of Source*
_____ Article or News Story	_____
_____ Inventor Organization	_____
_____ Magazine Ad	_____
_____ Newspaper Ad	_____
_____ Radio	_____
_____ Referral	_____
_____ Website	_____
_____ Other, please specify	_____

One Burlington Business Center, 67 South Bedford Street, Suite 400 W, Burlington, MA 01803
Phone: 781-229-5878 - Fax: 617-812-0094 - email: info@EurekaMed.com

INVENTION INFORMATION

Area of Specialization (please check the appropriate box)

_____ Cardiovascular _____ Orthopedics _____ Neuro/Spinal

_____ Peripheral Vascular _____ Urology/Digestive _____ Plastic Surgery

_____ Dermatology _____ Anesthesia _____ General Medicine

_____ Critical Care Nursing _____ General Nursing _____ Emergency/Paramedic

_____ Surgical Tech _____ Chiropractic _____ Physical Therapy

_____ Medical Product Design _____ Bioengineering _____ Rehabilitation

_____ Professional Medical Inventor _____ Amateur Medical Inventor

_____ Other: (please explain)_____

Category of New Product (please check the appropriate boxes if applicable)

_____ Medical Supplies _____ Surgical Devices _____ Emergency Care

_____ Surgical Implants _____ Critical/Intensive Care _____ Rehabilitation

_____ Diagnostic _____ IV and Fluid Management / Automation

_____ Homecare, Preventative, Self Treatment _____ Rehabilitation _____ Less Invasive

_____ Monitoring and Information Tracking, Communication and Organization

_____ Improved Clinical Outcome _____ Shorter Recovery Time _____Time Savings

_____ Patient Convenience _____ Less Frequent Consultation Visits

_____ Reduced Risk of Mortality or Complications _____ Reduce Preventable Errors

_____ Sterility or Safety Enhancement

_____ Other (please explain) _____

MEPS Major Disease Category (please check the appropriate box if applicable)

_____ Cancer	_____ Diabetes	_____ Emphysema
_____ High Cholesterol	_____ Hypertension	_____ Stroke
_____ Ischemic Heart Disease	_____ Bone and Joint Reconstruction	_____ Back Problems
_____ Asthma	_____ Gall Bladder	_____ Stomach Ulcers
_____ HIV / AIDS	_____ Alzheimer's Disease	_____ Arthritis

_____ Other (please explain) _____

Expected FDA Regulatory Requirements (Please check yes or no)

FDA 510 (k) Filing for Substantial Equivalence	_____ yes	_____ no
FDA Pre-Market Approval (PMA)	_____ yes	_____ no
Class 1 Medical Device	_____ yes	_____ no
Class 2 Medical Device	_____ yes	_____ no
Class 3 Medical Device	_____ yes	_____ no

Other Regulatory Issues:_____

Work done to date, if any:_____

Intellectual Property Position

How far along are you in the development process?

_____ Rough Sketches	_____ Advanced Drawings	_____ Rough Prototype
_____ Advanced Prototype	_____ Production Unit	

(Please check yes or no)

Patents need to be filed: _____ yes _____ no

Intellectual Property Position continued (Please check yes or no)

Patents have been filed: _____ yes Date:_____ _____ no

Patents have been granted: _____ yes Date:_____ _____ no

Sole ownership by presenting inventor: _____ yes _____ no

Joint ownership shared with presenting inventor: _____ yes _____ no

Names of shared inventors: _____

Institutions have rights to Intellectual Property: _____ yes _____ no

Names of Institutions: _____

Need help with Intellectual Property strategy: _____ yes _____ no

*** All joint owners and institutions with rights to intellectual property will have to sign the entry agreement.

Select a Roadshow Location:

Please Check	Location	Dates	Day Preferred	Time you would like to present
	Washington, DC	Sunday & Monday, September 26-27th		
	San Diego, CA	Saturday & Sunday October 23rd and 24th		
	Chicago, IL	Friday and Saturday October 29th and 30th		
	Boston, MA	Friday and Saturday December 3rd and 4th		

Medical Inventor's Background:

Profession: _____Years of Experience:_____

Education;_____

Number of Inventions to Date:_____

Other Information you would like us to know:_____

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