How to Fill Out, Print and Submit the Invention Disclosure Form

Immediately following this page is fillable .pdf form. Please tab through the blue boxes and type in the appropriate information.

Once all of the information is typed in and you are satisfied with your entry, please print a hard copy to be signed and turned in to Intellectual Capital (IC). If you need to start this, save it and come back later, you can save it as a .pdf and return to your form later - however, remember to save it with a DIFFERENT name! Please do not overwrite this form! If you want to save a static completed copy for yourself, choose to print an XPS file. IC needs to have the complete, originally signed version of your disclosure and not the electronic version.

Please have all inventors information and signatures prior to submitting the disclosure form to IC.

Please have your Invention Disclosure witnessed by two people who can fully understand your invention.

If you have any questions, please contact Jim in IC at x6542.

he Chamberla	in Group, Inc.			Inv. Disc. No.	
		Inve	ntion Disclosure		
Title					
Inventor(s)					
	* If more than one inventor,	please orde	er them alphabetically by last name		
Project Name	e (if any):				
Has the idea been shown outside the			If yes, enter date		
If yes, who w	as it shown to?				
Has the idea been described in a publication or otherwise been disclosed outside Chamberlain?		○Yes ○No			
If yes, Publica	ation and issue? 				
Has the idea/invention been offered for sale?		○Yes ○No	If yes, enter date		
If yes, where?	?				

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	Invention Disclosure		
Invention description:			
·			
Problems solved by the			
invention:			
Advantages of the invention:			
Invention Conceived:	Invention	on Built:	
First Drawing:	Inventio	on Tested:	

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Invention Dis	closure		
Prior Art Provide patents, instruction manuals, drawings, photos or des sure to include all of the following that apply:	criptions - more information is b	etter than less. Be	
Orawings (piece parts and assemblies)	No. of pages		
○ Schematics	No. of pages		
○ Software code and flow charts	No. of pages		
○ Photos	No. of photos		
What products employ similar parts or concepts? (Include as r	many as possible)		
What sparked your idea for this product/concept?			
Are similar parts/concepts used in another industry?			

^{*} Please note the following address and witness pages need to be complete, including signatures and dates, prior to giving to Intellectual Capital. Originally signed pages need to be retained by the IC group. Please feel free to keep a copy for your records.

ne Cha	amberlai	n Group, Inc.					Inv. I	Disc. No.	
			Inventi	ion D	isc	losure			
Inver	ntor(s)	Full Name(s) and Add	ress(es):						
Last			First				Mi	iddle	
Street	Address				City	and County			
State a	and Zip			Email					
Phone	Number	Co	. Cell Number				Citizenship	United S	States
		Inventor	Signature						Date
Last			First					iddle	
Street	Address				City	and County			
State a	and Zip			Email					
Phone	Number	Co	. Cell Number				Citizenship	United S	States
		Inventor	Signature						Date
							1		
Last			First					iddle	
Street	Address				City	and County			
State a	and Zip			Email			1		
Phone	Number	Co	. Cell Number				Citizenship	United S	States
		Inventor	Signature						Date
Last			First				Mi	iddle	
Street	Address				City	and County			
State a	and Zip			Email					
Phone	Number	Co	. Cell Number				Citizenship	United S	States
		Inventor	Signature						Date

he Cha	mberlai	in Group, Inc.	Inv. Disc. No.
		Invention Disclosu	ure
Inver	ntor(s)	Full Name(s) and Address(es):	
Last		First	Middle
Street /	Address	City and Co	punty
State a	nd Zip	Email	
Phone	Number	Co. Cell Number	Citizenship United States
		Inventor Signature	Date
		inventor signature	Date
Last		First	Middle
Street	Address	City and Co	punty
State a	nd Zip	Email	
Phone	Number	Co. Cell Number	Citizenship United States
		Inventor Signature	Date
		inventor signature	Dute
Last		First	Middle
Street	Address	City and Co	punty
State a	nd Zip	Email	
Phone	Number	Co. Cell Number	Citizenship United States
1			

Inventor Signature

Date

The Chamberlain Group, Inc. Inv. Dis			Disc. No.
		Invention Disclosure	
	Witnesses Must Sig	n Below:	
□ (A	a) I observed a working	model of the invention and it functioned as described.	
☐ (B) The invention was <i>ex</i>	<i>eplained</i> to me by the above inventor(s) on the date sign	ed and is understood by me.
(A)	Date Observed	Signatures of Witnesses	Date Signed
1.			
		Signature	
		Printed Name	
2.			
		Signature	
		Printed Name	
(B)	Date Explained	Signatures of Witnesses	Date Signed
1.			
		Signature	
		Printed Name	
		Times name	
2.			
		Signature	
		Printed Name	

he Chamberlain Group, Inc.	Inv. Disc. No.	_
Invention	on Disclosure	_
Additional Information (if necessary):		
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