

CONFIDENTIAL

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**MAINE PATENT PROGRAM  
Request for Initial COPYRIGHT Counseling / New Client Record**

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Business organization:

- Sole Proprietorship                       S Corp  
 Partnership                                       LLC  
 Corporation                                       Undecided

Briefly describe nature of your business:

Provide the title or summary of your project:

State the nature of services and/or counseling you are seeking from the Maine Patent Program (please attach additional pages as needed):

**Client release:**

I am requesting intellectual property counseling and information from the Maine Patent Program ("Program"). I understand that initial innovation screening, some patent searching services, and intellectual property advice are provided by the Program at no cost to me. I also understand that the Program may use the information provided in this form on a limited basis to notify me of workshops, seminars, and other matters that may be of interest to me. I further acknowledge and understand that persons employed by the Maine Patent Program and Center for Law and Innovation are public employees, working for the State on behalf of the University of Maine System, and that they do not carry professional malpractice insurance.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

**RETURN TO:**

**MAINE PATENT PROGRAM, 246 Deering Avenue, SUITE 115, PORTLAND, MAINE 04102**

**Email: [patent@usm.maine.edu](mailto:patent@usm.maine.edu) Fax: 207-228-8431**