

WINプログラム 申込書

ご会社名	
ご担当者	
住 所	
T E L	
Eメール	
商品名 (仮でも可)	
1.商品化の状況	<input type="checkbox"/> アイデアのみ <input type="checkbox"/> スケッチのみ <input type="checkbox"/> 設計図 <input type="checkbox"/> サンプル <input type="checkbox"/> 既に商品化
2.サンプルの有無	<input type="checkbox"/> サンプル無し <input type="checkbox"/> 商品化前のサンプル有り <input type="checkbox"/> 既に商品化のための最終サンプル有り <input type="checkbox"/> 写真同封 <input type="checkbox"/> ビデオ同封
3.パテントの有無	<input type="checkbox"/> パテントに関しては一切調査していない <input type="checkbox"/> パテント登録可能かの調査済み 調査日：____年____月____日 <input type="checkbox"/> パテント申請済み 申請日：____年____月____日 <input type="checkbox"/> パテント取得済み 取得日：____年____月____日 パテントのコピーを同封 <input type="checkbox"/> アメリカでのパテント取得済み 取得日：____年____月____日 パテントのコピーを同封 <input type="checkbox"/> コピーライト取得済み 取得日____年____月____日
4.商品のテスト	<input type="checkbox"/> 実施していない <input type="checkbox"/> 機能性のテスト済み テスト実行者：□独自 □外部機関 () <input type="checkbox"/> ユーザーによるテスト済み テスト実行者：□独自 □外部機関 () <input type="checkbox"/> 市場モニター済み テスト実行者：□独自 □外部機関 () <input type="checkbox"/> 安全性のテスト済み テスト実行者：□独自 □外部機関 ()
5.商品化のコスト	<input type="checkbox"/> 製造原料コスト _____ 算出日：____年____月____日 <input type="checkbox"/> 商品1個当たりの製造にかかる人件費 _____ 算出日：____年____月____日 <input type="checkbox"/> 卸予想価格 _____ 算出日：____年____月____日 <input type="checkbox"/> 小売予想価格 _____ 算出日：____年____月____日 <input type="checkbox"/> 上記価格は、何個あたりの製造に対してか _____

6.市場情報	<p>現在の競合があれば、詳しく記載してください</p> <p>競合があった場合の、貴社商品の利点</p> <p>商品の対象（性別、年齢、用途など具体的に） 第一対象</p> <p>第二対象</p> <p>現在までに商品化しマーケティングしている商品の場合は、 具体的な今までの過程を記載してください（必要に応じて別途用紙を使用してください）</p>
7.商品化	<p><input type="checkbox"/> 全く考えていない</p> <p><input type="checkbox"/> ライセンスを販売したい</p> <p><input type="checkbox"/> 自社にて商品化する予定</p> <p><input type="checkbox"/> 既に自社にて商品化済み</p>
8.その他	<p>評価に必要と思われることは、できるだけ詳しく記載してください</p>

**DISCLOSURE STATEMENT
(WORLD INNOVATION NETWORK)
CONFIDENTIAL DISCLOSURE AGREEMENT**

Enclosed is a description of my idea and other materials for registration with the **World Innovation Network (WIN)** and **PIES-X Inventors Services Program (ISP)**. I understand you will send me your evaluation of the potential of my idea. I understand:

1. The information which I am sending you is **A.** a trade secret or **B.** commercial or financial information that is privileged or confidential and as such qualifies for exception from the Freedom of Information Act under 5USC552(b)(4).
2. In keeping with 1. above, **WIN, I² and ISP** will keep my disclosure confidential for a period of 5 years. This restriction shall not apply with respect to information which (a) is already available to the public; (b) becomes available to the public through no fault of WIN, I² or ISP, their offices, agents or employees; (c) is already known to WIN, I² or ISP as shown by written records in the possession of WIN, I² or ISP at the time the confidential information was received by WIN, I² and ISP.
3. WIN and its agents hereby agrees, covenants and contracts not to use, sell, or disclose in any manner or utilize for profitable gain, the suggestion, invention and/or idea hereby disclosed by the below-named inventor unless prior written permission is obtained from the person(s) signing this disclosure.
4. This information is submitted for the sole purpose of obtaining a commercial feasibility evaluation of my idea/invention. I understand that this evaluation will be based not only on the design merits of my idea but will also consider such factors as barriers to market entry, past and present alternative products, published and unpublished prior art, nature of competitive forces, market demand and market structure.
5. Materials and samples submitted herewith or in the future in connection with my idea/invention/new product may be retained or destroyed by WIN/ISP at their discretion. I have not supplied any original documents or one-of-a-kind prototypes and I give permission to WIN/ISP to retain or destroy any or all of the materials/samples supplied by me. Check here if samples may be given to charity _____.
6. I understand only a very small percentage of inventions and new product ideas eventually become successful commercial ventures and that commercial evaluations/assessments, like patent searches, are necessary to reduce the risk of investing in unprofitable ventures. Accordingly, I desire a PIES-X Evaluation. I understand that less than one in five inventions/ideas submitted to WIN receive a positive evaluation. I further understand that a positive evaluation is necessary for further WIN assistance, which is provided at the option of the WIN Program. I understand that WIN will use its best judgement and prior knowledge of merchandising strategies and needs in making referrals to potential retailers.

***YOUR CHECK MUST ACCOMPANY YOUR EVALUATION REQUEST.
Please make checks payable to ISP or I². Thank You.***

7. **I UNDERSTAND THE FEE FOR A PRELIMINARY INNOVATION EVALUATION IS \$200 in the United States and \$220 elsewhere (the additional \$20 is to cover added postage costs). All checks drawn on non-U.S. banks must be in U.S. dollars.** Please enclose your check made payable to your designated evaluation agent. If you live in Missouri, make your check out to the Inventor's Services Program. Elsewhere, make checks payable to the Innovation Institute. **YOUR CHECK MUST ACCOMPANY YOUR EVALUATION REQUEST, YOUR EVALUATION WILL NOT PROCEED WITHOUT IT.**

The Name of my idea is: _____

I have carefully read this and the enclosed Registration form and understand their contents.

(signature)

(please print or type your name here)

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