

CREATIVE GROUP MARKETING

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FILE#: _____
For CGM Use Only

CONCEPT/PRODUCT DATA SHEET

NAME _____ DATE _____

COMPANY NAME (IF
APPLICABLE) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

TELEPHONE: HOME () _____ () BUSINESS _____

CITIZENSHIP _____ OCCUPATION _____

CO-INVENTOR (IF APPLICABLE)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE: HOME () _____ BUSINESS () _____

NAME OF
INVENTION _____

DATE OF
CONCEPTION _____

I swear that I believe myself to be the original, first and sole inventor of the device herein, and that all data and statements made herein are true to the best of my knowledge.

Signature of Inventor(s): _____ Date _____

Signature of Inventor(s): _____ Date _____

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If you do not have a prototype, prepared drawings or a patent, please provide a sketch of your concept/product below. If you do have prepared sketches or photographs, please attach them to this document . Please show any special features that your idea has and also, if possible, please show various views of the idea.
