

CONFIDENTIAL

NVENTOR	CONTACT	INFORMATIO)N

ICO USE						
ICO Track Code #						
Date Received						

CREATOR/INVENTOR INFORMATION

Instructions: All fields are required and must be answered.

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CONTACT INFORMATION										
Prefix	First (GIVEN) Name		Middle Name		Last (FAMILY) Name		ame	ie		
Degree	IU Position IU School		IU School	IU Department / Division		/ Division	IU Email Address			
IU Phone Number IU Employee ID Number		Number	Country of Citizenship		Home Email Address					
Home (mai	lome (mailing) Street Address Ci		City, St	State or Province		Postal Co	Code Home Phone		Mobile Phone	
Do you hold an appointment with the Veteran's Administration (VA) with or without compensation? ☐Yes ☐No										
REVENUE DISTRIBUTION INFORMATION										
Under the intellectual Property Policy, each campus determine how the campus share of any revenue is distributed between the campus and department. The IUPUI campus allows you to designate more than one department or center.										
Please identify the department or center involved in the development of the intellectual property. (This may or may not be your primary department).										
Departme	ent or Cen	ter		Optional: Second Department or Center (<u>IUPUI ONLY</u>)						
The laboratory share of revenue goes to the laboratory or other applicable research, teaching, or service project entity in which you created the invention. This is often the laboratory of the PI. If there is no laboratory, this share goes to the department or center.										
Please identify the laboratory in which you created the invention (if none, indicate below).										
Laboratory:						\square No laboratory to receive distributions				