## OMB Control No. 0651-0080

Expiration Date: 8/31/2018

## Final Interest Form:

**Sign Up Now**

The form below may be used to request participation in the Stakeholder Training on Examination Practice and Procedure program. Please fill in the information desired below and click on the “submit” button.

Requests to participate in STEPP are granted depending upon resources, training time available, and the intended target audience for each course.

**Enter Requesting Information**

\*Items are mandatory

\*Requested Course:\_\_drop down menu\_\_\_\_\_\_\_\_\_\_\_

\*First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Company/Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Home Address:

 Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 State/Province:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Postal/Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Are you a U.S. Citizen? y/n

\*Years of Patent Related Experience: (selection: 0-1, 1-3, 3+)

\*Are you registered to practice law in patent matters before the USPTO? y/n

If yes what is your registration number? \_\_\_

\*Are you an inventor and have you filed, or plan on filing, a patent application? y/n

\*Do you plan on filing an application as a Pro Se inventor? y/n

If you meet the requirements for the course applied for but are not selected do you want to be notified when the same course becomes available? y/n

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If you have any feedback, questions or comments regarding STEPP, please email us at STEPPTraining@uspto.gov.