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REGISTRATION DECLARATION FOR UTILITY PATENT APPLICATION DRAFTING COMPETITION <input type="checkbox"/>	Team #	
	Filing Date	
	First Coach/Contact	
	email and phone	
	Second coach (if any)	
	email and phone	

(Name of the team or school, and name of the invention)

As a below named student team member, I hereby declare that:

- The attached application was created and written by the students listed below.
- I am/was enrolled at the institution during the academic year.
- If a registered patent practitioner, my patent registration number was issued after the date listed in the competition rules.
- I have not been admitted or licensed to practice law in any jurisdiction.
- I am not a current employee of the USPTO.
- I will follow all competition rules.

I hereby acknowledge that any willful false statement made in this declaration is punishable by removal from the National Patent Application Drafting Competition.

Direct all
correspondence to:

Name of Coach

Email Address

City

State

Country

Telephone

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Registration — Utility Patent Application Competition

REMINDERS:

The team members listed below must represent this school at each phase of the Competition, including but not limited to, search, preparation of the written patent application and appearance(s) at the regional and national phases of the Competition to give the presentation(s). Should a student have to individually withdraw from the Competition, the remaining team members may choose to continue in the Competition (if the team originally comprised three or four competitors) or withdraw from the Competition.

This form will be separated from the remainder of the application. Within the remainder of this patent application, **teams must identify themselves only by use of the team number** given to them with the invitation, in November, by the organizing committee.

This form must be accompanied by a complete patent application, a completed IDS and a summary as stated in the rules: <https://www.uspto.gov/sites/default/files/documents/PDCRules.pdf>

LEGAL NAME OF FIRST STUDENT:

(e.g., Given Name (first and middle if any) and Family Name or Surname)

Student's Signature

Date (Optional)

Residence: City

State

Country

School:

Reg. # if granted:

EMAIL:

PHONE:

All additional students are named on the next page.

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ADDITIONAL STUDENT(S)	Page _____ of _____
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Legal Name of Second Student:			
(e.g., Given Name (first and middle if any) and Family Name or Surname)			
Student's Signature			Date (Optional)
Residence: City	State	Country	
School			
Reg. # if granted:	EMAIL:		PHONE:
Legal Name of Third Student, if any:			
(e.g., Given Name (first and middle if any) and Family Name or Surname)			
Student's Signature			Date (Optional)
Residence: City	State	Country	
School			
Reg. # if granted:	EMAIL:		PHONE:
Legal Name of Fourth Student, if any:			
(e.g., Given Name (first and middle if any) and Family Name or Surname)			
Student's Signature			Date (Optional)
Residence: City	State	Country	
School			
Reg. # if granted:	EMAIL:		PHONE:

SUBMIT THIS FORM, ALONG WITH THE COMPLETED APPLICATION, TO: PatentDraftingCompetition@uspto.gov.

Paperwork Reduction Act Statement

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