## Final Interest Form:

**Register Today**

Course Date

|  |
| --- |
| SOaR Event Selection |

\*Items are mandatory

Contact Information

\*First Name 

\*Last Name 

\*Postal/Zip Code 

\*Phone 

\*Email 

\*Confirm Email 

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

|  |
| --- |
| Yes |
| No |

 State 

Bar Number 

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

|  |
| --- |
| Yes |
| No |

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

|  |
| --- |
| Yes |
| No |

Would you like to be notified of future courses offered by the Office of Patents Stakeholder Experience?

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| --- |
| Yes |
| No |

Requests to participate in SOaR are granted depending upon resources, training time available, and the intended target audience for each course. If selected to attend, you will be contacted regarding the selected course. For more information, please contact SOaR@uspto.gov.

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