**Pre-Application Assessment Program Interest Form**

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The form below may be used to request participation in the Pre-Application Assessment program. Please fill in the information desired below and click on the “submit” button.

Requests to participate in Pre-Application Assessment program are granted depending upon resources, training time available, and the intended target audience for each course.

**Enter Requesting Information**

\*Items are mandatory

\*First name

\*Last name

\*Address 1

Address 2

\*City

\*State/province

\*ZIP/postal code

\*Country/region

\*Email address

Company

Title

\*Phone number

1. \*Have you already filed a patent application? Yes No
2. \*When do you plan on filing an application as a Pro Se inventor?  
   In the next: ☐30 days ☐60 days ☐ 90 days ☐more than 6 months
3. \*What technology area do you plan to file a patent application? Choose an item.
4. Please provide your USPTO customer number (if you have one)? Click or tap here to enter text.
5. \*Are you registered to practice law in patent matters before the USPTO? Yes No
6. Do you want to be notified of future courses? Yes No

By completing this interest form, you authorize us to contact you for follow on questions.

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