**Pre-Application Assessment Program Interest Form**

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**Enter Requesting Information**

\*Items are mandatory

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\*Last name

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\*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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