

## BioInnovation Day 2010

### Presenters' Information

Name, Surname:

Institution:

Address:

E-mail

Phone:

Brief description of technology:

Anticipated commercial embodiment (field and description; e.g. Human therapeutic, human diagnostic, research tool, etc.)

Is the technology the subject of patent(s) or patent application(s)   
Y/N?

Has your technology been formally presented previously at a Partnering Meeting?

If so when / where?

Development stage (proximity to market):

- |  |                          |
|--|--------------------------|
| Research / Discovery (5 years +)                 | <input type="checkbox"/> |
| Development of application(s) (3 -5 years)       | <input type="checkbox"/> |
| Validation of potential applications (1-3 years) | <input type="checkbox"/> |
| Commercial product development (0 -2 years)      | <input type="checkbox"/> |

Type of partnership sought:

- |                            |                          |
|----------------------------|--------------------------|
| Research funding           | <input type="checkbox"/> |
| Development collaboration  | <input type="checkbox"/> |
| License / assignment of IP | <input type="checkbox"/> |
| Company funding            | <input type="checkbox"/> |
| Other (state)              | <input type="text"/>     |

What are you expecting from your participation in BioInnovation Day?

Presenters will have the option to include a poster version of their presentation in the break-out area in the foyer.

Will you require poster area space in foyer Y/N?