



Innovation Summit in Egypt

15 - 17 September 2017
October 6 University Campus, Cairo, Egypt

Date: _____

Applicant Name: _____

Full Address: _____

Telephone / Mobile: _____

Email: _____

Name of the person (who will get the prize in case of winning)

Title of Invention:

Summary of your invention:

Mark the class of your invention:

Engineering
Social

Biology / Medical
Technology

Agriculture
Sport

Industry
other

What is your aim?

Give license to companies
Find an investor

Sell your patent
Entrepreneur

At which phase is your invention:

Idea

Prototype

Manufactured Device

Do you have a patent for your invention? Yes or No

Patent Title & Number:

Does your invention have any protection? Yes or No

Specify:
