

HTR Affiliates Application Form

Please Print And Complete All Information Requested

Company Name _____

CEO _____

Company Address _____

Phone _____ E-mail address _____

Fax _____ Web address _____

Home Address _____

Home Phone _____

Alternate Contact _____

Use which address for mailing? Business _____ Home _____

Your Technology Area _____

Is this company incorporated? Yes _____ No _____

If yes, where? _____

If yes, type (S-Corp, C-Corp, LLC, Etc.) _____

When was the business founded? _____

Total employee count _____

Please List Names And Addresses:

Officers

Directors

Board Members

Shareholders/Partners

Investors

1.) List the professional(s) with whom you are currently working below. If you would like referrals to the following service providers, please indicate so in the space provided.

Law Firm _____

Accounting Firm _____

Mentor _____

Other _____

2.) Please check areas in which you seek assistance

- ___ Forming a Corporation
- ___ Shareholder Agreement
- ___ Partnership Agreement
- ___ Licensing Agreements
- ___ Non-Disclosure Agreement
- ___ Purchase/Sale Agreement
- ___ Joint Venture Agreement
- ___ Employment Agreement

- ___ Equity/Debt Financing
- ___ Setting up Accounting Records
- ___ Tax Advice & Planning
- ___ Financial Plan Development
- ___ Application For Loans/Grants

- ___ Strategic Planning
- ___ Business Plan Development
- ___ Administrative Support
- ___ Marketing Plan Development

- ___ Other: _____

3.) Please describe briefly your company's product or service (approximately 50 words):

4.) If accepted into the HTR Affiliates Program, can this company description be used publicly?

Yes _____ No _____

5.) What is the source of your technology (university license, corporate license, independent patent, other)?

6.) How did you learn of HTR?

7.) Please attach the following if available to this application:

- A. Current Financial Statements (Existing Companies Only)
- B. Current Funding Sources and Amounts
- C. Proposed Funding Sources
- D. Organizational Documents

Signature _____

Date _____

Please return this application form to:

Terry Gronwall, *Entrepreneur-in-Residence*
Lennox Tech Enterprise Center
High Tech Rochester
150 Lucius Gordon Drive, Suite 100
West Henrietta, New York 14586
(585) 214-0592

Upon receipt of this application, an HTR Staff member will contact you to schedule an appointment.