



INVENTORS FORUM  
S A N D I E G O

**SDIF 2017 INVENTION CONTEST**  
**Entry Form**

**Please return completed form to: [sdif.contest@gmail.com](mailto:sdif.contest@gmail.com)**

Thank you for entering SDIF 2017 Invention Contest and showing us the future!

**One category: Best New Consumer Product**  
**Finalists will be offered tables to exhibit for free!**

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Invention name:** \_\_\_\_\_

**Area:** \_\_\_\_\_

**Patent status:** \_\_\_\_\_

**Brief description:** \_\_\_\_\_  
\_\_\_\_\_

The following describes the Terms & Conditions for the competition:

NOTE: All entries must be Patented or Patent Pending!

Date: **Thursday, August 10th**

Entry Fee: **\$20**  
**Either pay at July 13th meeting or send check payable to [SDIF](#)**

**SDIF**  
**1195 Linda Vista Dr. Ste C**  
**San Marcos, CA 92078**

Location: **AMN Healthcare Inc.**  
**Del Mar Heights**  
**12400 High Bluff Drive,**  
**San Diego, CA 92130**

Time: **6:30PM - 9:00PM – Please plan on arriving by 5:30 PM.**

Time Allotted: **8 minutes. Inventors should plan on presenting for around 5 minutes and answering some audience questions during the remaining minutes.**

I accept these Terms and Conditions: \_\_\_\_\_

Date: \_\_\_\_\_