



INVENTORS' ASSOCIATION OF SOUTH CENTRAL KANSAS

SIGN-IN REQUIRED FOR FIRST TIME GUESTS

***MEMBER/GUEST APPLICATION: (PRINT)** _____

*** ADDRESS:** _____ **TRADE/OCCUPATION:** _____

*** CITY:** _____ *** STATE:** _____ *** ZIP:** _____

PHONE: (H) _____ **(W)** _____ **(M)** _____

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** required info*

CODE OF ETHICS/INVENTORS' NON-DISCLOSURE

I agree that I will not as an individual or as a representative of a company or Corporation in any way, make, use, sell, divulge, duplicate or capitalize on any idea and/or inventions disclosed in confidence by a fellow member or guest without first obtaining the signed approval of the originating inventor and others involved with the transaction. This agreement is challengeable only to the extent that I can satisfactorily demonstrate with documentary proof that the information disclosed had been previously known to me. By signing today, I understand that my obligation under this Agreement extends to all persons, ideas and/or inventions involved in any and all future meetings of this forum which I might attend.

*** Signature:**

***Date:**