

ORGANIZATION NAME:	
CONTACT NAME:	
PROJECT MGR:	
ADR1:	
ADR2:	
ADR3:	
ADR4:	
СПҮ:	
STATE:	
ZIP CODE:	
OOUNTDY	
COUNTRY	
TELEPHONE:	
URL:	
EMAIL:	
FAX:	
URIEL REPRESENTATIVE:	
CONTRACT NUMBER:	
DATE:	

(Please Continue On The Following Page)

Submit completed form to: management@urielcorporation.com, and or print form and call (708) 598-7314 to arrange fax for submission to Uriel Corporation. Call for assistance with the form.



ORGANIZATION NAME:	
SHIP CONTACT NAME:	
PROJECT MGR:	
SHIP ADR1:	
SHIP ADR2:	
SHIP ADR3:	
SHIP ADR4:	
CITY:	
STATE:	
ZIP CODE:	
COUNTRY	
TELEPHONE:	
URL:	
EMAIL:	
FAX:	



ORGANIZATION NAME:	
BILLING CONTACT NAME:	
BILLING CONTACT NAME.	
PROJECT MGR:	
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Parties filling out this form have an interest in collaborating with the Uriel Corporation Think Tank for proprietary product development initiatives and projects of the Think Tank on an ad-hoc, project-by-project basis. The party filling out this form understands that all interest expressed in working with the Think Tank is subject to a more formal written agreement in writing with the Think Tank that will define project scope, the expected roles of the parties, and all deliverables of The Projects that might be pursued by the Think Tank. It is understood that this form is just for information gathering purposes, to begin discussions, and to help assess the capabilities and resources of individual persons or companies wishing to collaborate with Uriel on Uriel Projects. It is understood and agreed that work performed by individuals or corporate entities will be through independent contractor agreements. Information gathered on this form is non-binding and bears no obligation other than an intent for discussions. It is further understood that filling out this form does not guarantee that a contract will be awarded to any person or entity that fills out this form.

Areas of Expertise of Vendor, Person, or Entity:				



commercialize Uriel Co	orporation Proprietary Pr	oject Development & C	Commercialization Initia	sed in efforts to develop and catives:



Special Notes:	
CERTIFICATION: The party filling out this form certifies that information pr date of submitting the form. It is understood that Vendor shall also provide	
will assist Uriel to make a determination whether the Vendor would be a go pursue with the vendor.	ood fit for The Project(s) that Uriel might decide to
	,
VENDOR CORPORATE NAME:	
/s/	
Name Printed:	
Title:	Date
Title:	

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