

Application for:
Sid Martin Biotechnology Development Institute
Affiliate Member Program¹

1. Applicant Name: _____

2. Position in company: _____

3. Company Name: _____

4. Contact Information:

Telephone: _____

Fax: _____

E-mail: _____

Company's Website: _____

Address: _____

5. Briefly describe your company or your idea for a potential company. Please include: a description of your company (including current status, staff, and funding), products it will produce, services it may provide, market potential, business development goals, etc.:

6. Do you expect your firm to eventually apply for space at the Incubator? _____ Yes _____ No

_____ ¹Information submitted will be held in confidence and will only be used for review purposes

7. Does your company have a feasibility plan or business plan in place? ____Yes ____No

If Yes, please submit a copy for review.

8. Is your company already incorporated? ____Yes ____No

If yes, what type of company? _____

Name and title of chief executive officer: _____

9. Briefly describe what services or assistance you would like to receive from the Incubator. If you would like to use Incubator common equipment, please specify which instruments you may use and estimate the level of usage desired:

10. Do any University of Florida employees already assist or work for you or have a direct interest in your company? If so, please supply information regarding the nature of their assistance:

11. Number of employees that you would like to have access to Incubator services:_____

12. I agree to the terms of the Affiliate Member Program as outlined below, as well as those outlined in the Affiliate Member Program Guidelines, and believe that my enterprise is appropriate for admission to the program. I understand that:

- a) This program shall be conducted by the Incubator in accordance with the laws, rules, and regulations of the State of Florida, the University of Florida Board of Trustees, and the University of Florida Research Foundation.
- b) The affiliate member fee is non refundable, and continued participation in the program is at the sole discretion of the Program's Associate Director and Director.
- c) Affiliate member access to Incubator services and facilities will be restricted to available resources, and at lower priority, available only after the Incubator's primary commitment to the resident licensees has been met.

- d) Affiliate members have no permanent space assignment within the Incubator, and are limited to access to the Incubator during regular business hours.
- e) No advertising, publicity, or news release containing any reference to the Incubator or the University of Florida or the affiliate member shall be used by either party without mutual agreement.
- f) This Agreement may be renewed or extended annually by written mutual agreement of the parties.

Signature of authorized representative: _____ Date: _____

Please return completed application to:

Patti Breedlove, Associate Director
Sid Martin Biotechnology Incubator
12085 Research Drive, Alachua, FL 32615

Approved _____ Disapproved _____ Date _____