**CAN Consultation Program – Intake Form**

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| 1. **Contact Information** |

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| **Name (Last, First, Initial)** |  |
| **E-mail** |  |
| **Position/Title** |  |
| **Institution (if applicable)** |  |
| **Company** |  |

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| 1. **Please List all organizations/institutions you are affiliated with? If University related, have you connected with the university affiliated entrepreneurship resources yet?** |
| *Ie. U of A, U of C, or U of L, Alberta Health Services, HBI, etc.* |
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| **Voluntary – *Please skip if you do not wish to disclose.***  **Do you self-identify with any of the following groups: Female, Indigenous, Veteran, and/or as part of a visible minority?** |
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| 1. **What phase is your commercialization right now?**  * **I‘m not sure.** * **Idea** * **Proof Concept** * **Proof product opportunity** * **Intellectual Property** * **Market Research** * **Market Validation** * **Commercialization** |
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| 1. **What type of support do you most need?** |
| *education, networking, business development, office or lab space, legal advice, etc.* |
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The intake form must be submitted electronically to abneuro@ucalgary.ca with the subject line **Consultation Program**