**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?**
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| *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?**
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| *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**