

Application

Sid Martin Biotechnology Development Institute¹
Affiliate Member Program

1. Applicant name: _____
2. Position in company: _____
3. Company name: _____
4. Contact information:
 - Tel: _____
 - Fax: _____
 - Email: _____
 - 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 BDI? ____Yes ____No
7. Does your company have a feasibility plan or business plan in place? ____Yes ____No
If Yes, please submit a copy for review.

¹ Institute is the legal name of the Incubator. Information submitted will be held in confidence and will only be used for review purposes by the BDI Administration.

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 BDI. If you would like to use BDI 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 BDI 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 Biotechnology Development Institute 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 \$500 affiliate member fee is non refundable, and that continued participation in the program is at the sole discretion of the BDI Incubator Manager and the Biotechnology Development Institute administration.
- c) Affiliate member access to BDI services and facilities will be restricted to available resources, and at lower priority, available only after the BDI's primary commitment to the resident licensees has been met.

- d) Affiliate members have no permanent space assignment within the BDI, and are limited to access to the BDI during regular business hours.
- e) No advertising, publicity, or news release containing any reference to the Biotechnology Development Institute 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 mail completed application to:

Patti Breedlove
Incubator Manager/Assistant Director
Sid Martin Biotechnology Incubator
12085 Research Drive
Alachua, FL 32615

pbreedlove@biotech.ufl.org

.....
Approved _____ Disapproved _____ Date _____