

# NEW JERSEY INVENTORS HALL OF FAME

## Nomination Form

Year \_\_\_\_\_

**Nomination Category:** 1. ( ) **Hall of Fame** 2. ( ) **Inventor of the Year** 3. ( ) **Special**  
4. ( ) **Innovator** 5. ( ) **Graduate Student** 6. ( ) **Corporate**  
7. ( ) **Advancement of Invention**

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### 1. Nominee (person being nominated for an award)

Name \_\_\_\_\_ Date of birth & demise \_\_\_\_\_

(print or type all submitted information)

m-d-y

m-d-y

Address; \_\_\_\_\_

city

state

zip code

Telephone \_\_\_\_\_

home

business

cellular

Business Address \_\_\_\_\_

city

state

zip code

Is nominee aware of this nomination? \_\_\_\_\_ (Optional) Resume of nominee attached? \_\_\_\_\_

If the nominee is deceased then the following relative, designated representative, or former employer named below will represent the nominee at the awards ceremony.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone no. and e-mail \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone no. and e-mail \_\_\_\_\_

### 2. Nominator

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone no. and e-mail \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone no. and e-mail \_\_\_\_\_

I have examined the nomination data and assure the NJIHoF that the facts set forth in this nomination are accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Nominator

\_\_\_\_\_  
Date

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**3. Contact** (Only if nominee is an employee of a public agency or private corporation).

Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone number \_\_\_\_\_

Company \_\_\_\_\_

Company Address \_\_\_\_\_

\_\_\_\_\_ city

\_\_\_\_\_ state

\_\_\_\_\_ zip code

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Address and location (home, company) where the inventor developed the invention being considered:

Complete copy of U.S. patent attached for which the nominee is being considered \_\_\_\_\_

**4. Patent number and file/issuance date:** \_\_\_\_\_

Title \_\_\_\_\_

**5. Describe the invention and explain its significance, addressing the following:**

- a) Importance of the problem solved by the invention.
- b) Novelty and contribution to advancing the state of the art.
- c) Utility and/or socio-economic value.

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Is this invention the nominee's first patent? \_\_\_\_\_

List attached of other patents showing patent numbers, file/issuance dates and titles: \_\_\_\_\_

Invention was conceived: Independently \_\_\_\_\_ or through salaried employment \_\_\_\_\_

Is the patent assigned? \_\_\_\_\_ Name of assignee: \_\_\_\_\_

Sponsor under which the invention was developed: None \_\_\_\_\_ Corporation \_\_\_\_\_ Government \_\_\_\_\_  
University \_\_\_\_\_

Identify the Sponsor \_\_\_\_\_

**Use n/a, (not applicable), yes, no or a check mark where applicable.**

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[www.njinvent.org](http://www.njinvent.org)

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6. Has the invention been manufactured and marketed? \_\_\_\_\_

Approximate number of units sold. \_\_\_\_\_

Approximate retail value of units sold. \_\_\_\_\_

Units marketed: World-wide \_\_\_\_ Nationally \_\_\_\_ Foreign countries \_\_\_\_ Locally \_\_\_\_

7. Awards and honors given to and service given by the nominee which makes him/her outstanding as a New Jersey citizen:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Third party reference addressing the information presented in question 5 and 6:

Reference Name. (individual or organization):

\_\_\_\_\_

Address; \_\_\_\_\_

\_\_\_\_\_ city state zip code

Telephone # : \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Send completed Nomination Form and applicable documents to:**

**New Jersey Inventors Hall of Fame**  
c/o Office of Academic Entrepreneurship  
Stevens Institute of Technology  
Castle-Point-on-Hudson  
Hoboken, NJ 07030  
Attention: Ms. Sandra Furnbach

Use n/a, (not applicable), yes, no or a check mark where applicable.