

# PROJECT REQUEST/ ESTIMATE FORM

CAS IP Services provides firm, all-inclusive quotes. Please complete the following fields describing your request. Once your project has been assigned, we will contact you via email.

## CLIENT INFORMATION

Title/prefix	First name	MI	Last name
Organization	Telephone	Mobile phone	Email
Street address	City/state/zip		

Bill me

## ALTERNATIVE CONTACT(S)

Name	Email
Name	Email

## BILLING INFORMATION | DO NOT COMPLETE IF YOU SELECTED "BILL ME" ABOVE

Client	Accounts Payable		
Bill to Name	Bill to Telephone	Bill to Email	PO Number
Organization	Street Address	City/State/Zip	Internal Reference #

## PROJECT DETAILS

Please complete all fields relevant to your request.

## PROJECT REASON

FTO    Patentability/Prior Art    State of the Art/Landscape    Validity/Invalidity    General Research    Regulatory  
 Product Safety Monitoring    Data Customization    Custom Visualizations    Other (Please Specify) \_\_\_\_\_

Briefly describe the technology and list any relevant terms or classification codes. Attach chemical structure or sequence files separately and send to [IPServices@cas.org](mailto:IPServices@cas.org)

Estimate    Priority Service – 50% Surcharge    Update of CAS IP Services Search #: \_\_\_\_\_

A signature below is required before a member of the CAS IP Services project team can begin working on your request. This acknowledges acceptance of the [CAS IP Services Terms and Conditions](#) and [CAS Information Use Policies](#). Typing your name below is considered an authorized signature.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_