



## On Site Training Request - Intake Form

### Contact Information:

First name:

Last name:

Position:

Organisation:

Email address:

Phone Number:

### Training Request:

Requested Dates:

1st Choice

2nd Choice

3rd Choice

4th Choice

Proposed  
Location:

Duration of the  
training (days):

1 ☐ 2 ☐ 3 ☐ Other

Estimated number  
of attendees:

20 ☐ 21-30 ☐ 31-40 ☐ >40 ☐

Number of  
Trainer(s):

1 ☐ 2 ☐ 3 ☐ 4 ☐ Other

Requested Topics:

- ☐ Creating Successful Spin-outs.
- ☐ Fundamentals of Technology Transfer.
- ☐ Licensing Strategies.
- ☐ Negotiation Skills.
- ☐ R&D Collaborations.
- ☐ Software.

- ☐ Financing.
- ☐ Intellectual Property (IP).
- ☐ Marketing.
- ☐ Organising your KTO for Growth & Success.
- ☐ Social Sciences, Humanities & Arts.
- ☐ Technology Scouting.

Other (fill in below)



Provide a brief summary of what you would like to achieve from the training:

## Description of the attendees:

Staff Level: ☐ All Levels ☐ Junior Staff ☐ Mid-level staff ☐ Senior & Head Office

Indicate the number of attendees according to their range of experience in TT:

0-3 years

3-5 years

7-10 years

10+ years

## Accreditation request:

It is a possibility to have the requested training accredited by the *Alliance of Technology Transfer Professionals (ATTP)*. Would you like ASTP to submit an application to accredit this training, which may be approved for Continuing Education (CE) points?

☐

YES

☐

NO

## Additional information to request:

This intake form is a non-binding offer request. Please complete and return this form by email to [hq@astp4kt.eu](mailto:hq@astp4kt.eu) and include '**On Site Training Request**' in the email subject line. You will receive an official offer within 5 working days.