



**THE OHIO STATE UNIVERSITY
OFFICE OF TRADEMARK and LICENSING SERVICES**

REQUEST FOR TRADEMARK REGISTRATION SERVICES

OSU Department: _____

Campus Address: _____

Contact Person: _____

Phone: _____

Fax: _____

E-mail: _____

Checklist:

Proposed Trademark: _____
(attach artwork to request)

Date of First Use in Commerce: _____
(or intent to use)

Exhibits of Use in Commerce: _____
(attach 2 exhibits per class of Goods and/or Services to request)

Description of Goods and/or Services: _____
(e.g. education/entertainment, fund-raising, clothing, printed matter)

Payment/Amount Remitted: _____
(attach 100W form to request)