Indiana University Licensed Product Specification and Approval Form

*SUBMIT ONE FORM FOR EACH NEW PRODUCT. IF USING A SHADE OF RED, PLEASE PROVIDE A PHYSICAL SAMPLE IN PMS 201C.

LICENSEE'S NAME: ________________________________

CONTACT NAME: ________________________________

EMAIL: ________________________________________

PRODUCT: ________________________________

COMPLETE DESCRIPTION (e.g., V neck, lg sl T shirt) ______________________________________

SIZE(S) and MINIMUMS: ________________________________

COLOR(S) (list PMS color(s), method of imprint, and imprint PMS color(s)): ________________________________

IP (Intellectual Property) with campus name and logo used: ________________________________

MANUFACTURER NAME and ADDRESS: ________________________________

TERRITORIES (where the product will be sold): ________________________________

PROPOSED SALES CHANNELS: ________________________________

WHO APPLIES LOGO? (COMPANY NAME) ________________________________

APPROXIMATE WHOLESALE and MSRP PRICE: ________________________________

SAMPLE ATTACHED: YES ___ NO___

Please send sample(s) and form(s) to: IU Licensing & Trademarks, 711 E. State Rd. 45/46 Bypass, Bloomington, IN 47408

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L&T OFFICE USE

RECEIVED BY ________________________________ DATE ____________

PRODUCT APPROVED BY ________________________________ DATE ____________

ADDENDUM SPECS: ADV - YES ___ NO___ $______ INS - YES ___ NO___ $______ PRM RATE - YES ___ NO___ %______

ADDENDUM COMPLETED BY ________________________________ DATE ____________