



MASSACHUSETTS INSTITUTE OF TECHNOLOGY
Trademark Licensing Program
- FACTORY SITE DISCLOSURE FORM -

Licensee Name:

Contact Name:

Factory Information

Factory Name:

Contact Name:

Street Address:

City/State/Zip Code:

Country:

Phone Number:

Fax Number:

E-Mail Address:

Web Address:

Product Information

Please provide a brief description of each product produced.

Please list the "brand name" that will appear on the product if different from your licensee name.

Nature of Business Association *(please place a check mark next to one or more of the following)*

- Licensee (The manufacturing facility is owned and operated by the licensee.)
- Home-based (home-based business)
- Subsidiary (The factory and licensee are owned by the same parent company.)
- Manufacturer (produces product and applies the logo on behalf of licensee)
- Vendor/supplier (source of blank goods)
- Contractor (applies the logo on behalf of the licensee)
- Other *(Please explain):*