**PROFESSIONAL SERVICES PROVIDER ONBOARDING FORM**

**Please complete the below information. This information will be online and presented to Start-ups seeking IP strategy guidance and services.**

**Once this form is complete, please email back to** **nshukla@springboardatlantic.ca**

|  |  |
| --- | --- |
| Legal name (REQUIRED): |  |
| Operating name (if different): |  |
| Primary contact name: |  |
| Title: |  |
| Department: |  |
| Address: |  |
| Phone: |  |
| Website: |  |
| Please provide a short description of services your firm can provide to startups seeking IP protection and guidance. |  |

**Additional Contacts (Duplicate for each additional contact)**

|  |  |
| --- | --- |
| Contact name: |  |
| Title: |  |
| City, Province: |  |
| Email: |  |
| Telephone: |  |
| Can clients contact directly?  | [ ]  Yes [ ]  No |
| *If no, please provide other contact info* |  |