

Yale Licensing Program

TRADEMARK ONE-TIME USE REQUEST

Mail completed form to: Denise Castellano, P.O. Box 208230, 105 Wall Street, Yale University, New Haven, Connecticut 06520-8230;
or fax to 203 432-4645.

Organization information

Name _____ Date _____

Title _____ Telephone _____

Department or organization _____

Address _____

Product information

All designs bearing Yale trademarks must be submitted to the Trademark Licensing Program for approval; please attach design.

Product description _____

Quantity desired _____ Date needed _____

Purpose/event _____

Period of event (from/to) _____

Will product be sold or given away? _____

If sold, where will the proceeds be directed? _____

Manufacturer

Contact person _____ Telephone _____

Company name _____

Address _____

City/State/Zip code _____

Is the manufacturer a member of the Fair Labor Association (FLA)? _____
