



**THE OHIO STATE UNIVERSITY DEPARTMENT REQUEST
FOR TRADEMARK REGISTRATION SERVICES**

OSU Department: _____

Campus Address: _____

Contact Person: _____

Phone: _____

E-mail: _____

Required information:

Please supply as much information as possible in order to ensure the most complete request

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 INFORMATION: *Trademark & Licensing will process the charge once registration procedures are approved.*

Payment amount \$1135.00

Cost Center: _____

Fund: _____

Balancing Unit: _____

Department Authorization: _____

Date: _____