

Request for Technical Assistance

S A T O P

SPACE ALLIANCE TECHNOLOGY OUTREACH PROGRAM

*Providing Business with Technical
Solutions At No Cost!*

New York SATOP Center:
235 Harrison St., Ste. 102
Syracuse, NY 13202

Toll Free: 877-SATOPNY
315-701-0685 • FAX: 315-701-0729
www.SATOPNY.com • info@SATOPNY.com

Company Name: _____ Phone: _____

Address: _____ Fax: _____

_____ Bus. Type : _____

County: _____ Product/Services: _____

Contact Name / Position: _____ Year Established: _____

E-mail: _____ Website URL: _____

of Employees : <25 25 to 100 100 to 250 250 to 500 500+ Approx. Annual Sales: <1M 1 to 5M 5 to 25M 25M+

How did you hear about SATOP? Massachusetts Manufacturing Extension Partnership (MassMEP)

Project Title: _____

Brief definition of technical problem (background, context, description):

Action to date (what attempts have been made to identify and solve the problem?):

Desired solution:

Desired date of solution: _____

- NOTES: 1. Provide full, stand-alone explanation and background; use additional sheets if necessary.
2. Use this form to address problems with technical, rather than administrative or managerial solutions. No software or computer related problems can be addressed. Do not include problems calling for comparative evaluation of competing commercial products or services.
3. Action on this request is subject to review and acceptance by a Technology Applications Board.
4. We will request your feedback concerning your experience with SATOP and the overall impact of the technical assistance you received, on your business or products and services, in an effort to incorporate program improvements and document results.
5. Administrative information pertaining to this Request for Technical Assistance may be provided to the Economic Development Organization responsible for referring the requestor to SATOP for the purpose of assisting in the resolution effort.

DISCLAIMER and RIGHTS: The SATOP Centers, sponsors and participating partners do not assume any liability, expressed or implied, including any implied warranties of merchantability, title or fitness for a particular purpose, resulting from the use of proposed solutions and other related information pertaining to the submitted technical problems, or warrants that such use will be free from privately owned rights. Upon receipt of any assistance under this program, the requesting company does hereby hold the SATOP Centers, its members, staff and participating technical providers harmless from any liability, legal actions or other consequences caused by or in any way resulting from the assistance rendered. By signing and submitting this form, the company agrees that the SATOP Centers have full authority to receive, evaluate, and disclose the technical problem to the SATOP sponsors and participating partners for appropriate action. The SATOP Centers reserve the right to reject or request resubmittal of any Request for Technical Assistance. The SATOP Centers will work to ensure that all proprietary information submitted by the requestor will not be disclosed, other than to effectively work on the request or as required by law.

Signature _____ Date: _____

Please fax to 315-701-0729