

## Mayo Clinic Innovation Exchange Membership Application

### DEMOGRAPHICS

1. Name:
2. Title/Role:
3. Company Name:
4. Company HQ:
5. Email:
6. Website:
7. Phone Number:
8. Are you part of an incubator or accelerator program?  
If "Yes", which one:
9. How many employees do you have currently:
10. Do you anticipate additional employees/partners will join the Exchange?  Yes  No  
If yes, how many members from your company will be enrolling?

### BUSINESS DESCRIPTION

11. Briefly describe your business:
12. Which segment of healthcare are you in?  
If "Other," list here:
13. How would you best describe the current state of development of your company:

### ENGAGEMENT WITH MAYO CLINIC INNOVATION EXCHANGE

14. Primary engagement with the Exchange will be:  On-Site  Virtual
15. Have you or your company ever been in past or current contact (phone, e-mail, meetings, etc.) with a Mayo employee about your business, technology, or innovation?  Yes  No  
If yes, please briefly describe the contact and your point of contact:
16. Which areas do you need the most assistance as you develop your product or business (check all that apply):  
 Mentoring       Fundraising       Consulting  
 Clinical input       Marketing       Business Model Development  
 Prototyping       Networking       Other
17. How did you learn about the Mayo Clinic Innovation Exchange?



Please provide a copy of a slide deck or executive summary you may have outlining your company's offering.

**Background Screening:**

You authorize Mayo, and any vendor or agency contracted by Mayo, to perform a background check as part of its application for membership to the Mayo Clinic Innovation Exchange. The background check may include, but is not limited to, review of public and private information from county and state criminal repositories, educational institutions, federal, state and county institutions, and credit bureaus. Note: our background screening vendor will require prospective members' social security numbers for all applicants that advance to this stage of the process.

You agree that we may use your responses to facilitate your participation in Mayo Clinic Innovation Exchange's educational events and programming, which may include disclosing the information to Mayo experts, legal experts, and business strategists who participate in the Mayo Clinic Innovation Exchange. We will use any information we collect from or about you consistent with [Mayo's Privacy Policy](#).

Signature:

Print name:

Date:

Upon completion of this form, please submit to [InnovationExchange@mayo.edu](mailto:InnovationExchange@mayo.edu) accompanied by a deck or executive summary.