|  |  |  |  |
| --- | --- | --- | --- |
| **Idea Name:** |  | **Your Name:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Product | Product Cost | Manufacturer | What Benefits do They Claim to Deliver? | Locations to Buy the Product | Why you feel someone should choose your product over this one |
|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
|  | $ |  |  |  |  |

***Add more rows as needed***