IPIC's Events May 11 & 12, 2010 in Toronto! REGISTRATION FORM

Registration Deadline APRIL 30, 2010

Interested in becoming a member?
Submit a completed membership application with your registration form and benefit from the preferred member registration rate.

CANCELLATION POLICY

A cancellation fee of $50 (plus GST) will be applied to written cancellations received on or before April 30, 2010. Refunds will not be issued after April 30, 2010. Substitutions will be permitted.

IPIC reserves the right to cancel sessions due to insufficient registration.

HOW TO REGISTER

Online: www.ipic.ca
Fax: 613-234-0671
Mail: Intellectual Property Institute of Canada
606 - 60 Queen Street
Ottawa, ON K1P 5Y7

INQUIRIES

613-234-0516 / education@ipic.ca

5 REGISTRATION

Please select the session(s) you will attend.
GST is not included in fees

SESSION	MEMBER FEE	NON MEMBER FEE
Corporate Practitioners *May 11 – Morning*	☐ $275	☐ $325
European Patent Practice *May 11 – Afternoon*	☐ $275	☐ $325
Advanced Patent Claim Drafting *May 12 – Full Day*	☐ $550	☐ $650

***REGISTER FOR 2 SESSIONS ~ RECEIVE A $100 DISCOUNT!**
***REGISTER FOR 3 SESSIONS ~ RECEIVE A $150 DISCOUNT!**

1 PARTICIPANT Dr. / Mr. / Mrs. / Miss / Ms. *Please print*

Surname _____ First Name _____

Firm / Company Name _____

Firm / Company Address _____

City _____ Province _____ Postal Code _____

Telephone _____ Fax _____

E-mail _____

Dietary & Mobility Requirements: _____

2 PRACTICE PROFILE *(Please check all applicable)*

☐ PATENT AGENT ☐ TRADE-MARK AGENT
☐ LAWYER ☐ OTHER _____

3 AREA OF EXPERTISE IN PATENTS

☐ Biotechnology
☐ Chemistry
☐ Mechanical Engineering
☐ n/a
☐ Electrical Engineering
☐ IT / Telecommunications
☐ Other: _____

4 YEARS IN PRACTICE

☐ 1 to 5 years ☐ 6 to 10 years ☐ 10+ years

6 METHOD OF PAYMENT *(Please check)*

IPIC GST REGISTRATION NO. R122871148

Session fee: $ _____
Discount* (if applicable): $ _____
GST (5%): $ _____
Total amount: $ _____

☐ **CREDIT CARD** ☐ **CHEQUE** (made payable to *IPIC*)

☐ VISA ☐ MASTERCARD ☐ AMEX

Expiry Date

_____ / _____

Cardholder's Name *(Please print)* _____

Signature _____