

2005 AIPLA ANNUAL MEETING REGISTRATION FORM

Thursday-Saturday

October 27-29

Marriott Wardman Park Hotel

Washington, DC

MAIL:
Wachovia
Lockbox 759062
AIPLA
P.O. Box 759062
Baltimore, MD 21275

OVERNIGHT MAIL:
Wachovia
Lockbox 759062
AIPLA
7175 Columbia Gateway Dr.
Columbia, MD 21046

FAX: 703-415-1072
(Faxed registrations MUST be accompanied by credit card information).

REGISTER ONLINE:
Go to www.aipla.org
Credit Card Payment Only



CANCELLATION DEADLINE:
No refund of *any fee or credit* will be given for cancellations after **October 16, 2005.**

*To get the member rate, please submit a membership application and payment with this registration. To obtain a membership application, please visit our website at www.aipla.org.

Member ID _____
 First Name: _____ Last Name: _____
 Firm/Company _____
 Mailing Address _____
 City/State/Zip Code _____
 Telephone _____ E-mail _____
 (*Spouse/Guest*) Name _____

REGISTRATION FEES

<input type="checkbox"/> AIPLA Member	\$595	\$ _____
register by 10/13/05 and take \$100 off the fee (pay only \$495).		
<input type="checkbox"/> Non-Member*	\$850	\$ _____
register by 10/13/05 take \$100 off the fee (pay only \$750).		
<input type="checkbox"/> Membership Drive Discount (see member flyer to calculate)		\$(_____)
<input type="checkbox"/> AIPLA Student Member Rate	\$55	\$ _____
<input type="checkbox"/> Government Employee/AIPLA Academic Member Rate	\$70	\$ _____

EVENT FEES

THURSDAY

Spouse/Guest— <i>Historic Annapolis (Lunch included)</i>	\$115 x	# _____	\$ _____
Luncheon— Francis Gurry, Deputy Director General, WIPO	\$47 x	# _____	\$ _____
Opening Night Reception	\$85 x	# _____	\$ _____

FRIDAY

Spouse/Guest— <i>A Morning of Embassies</i>	\$55 x	# _____	\$ _____
Luncheon— Honorable Paul R. Michel, Chief Judge, CAFC	\$51 x	# _____	\$ _____
Dinner & Entertainment — Chuck Berry	\$159 x	# _____	\$ _____

SATURDAY

Buffet Luncheon.....	\$52 x	# _____	\$ _____
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FOOD RESTRICTIONS/REQUESTS: _____

TOTAL AMOUNT \$ _____

FOR INFORMATION PURPOSES ONLY, SO THAT WE MAY BETTER ALLOCATE ROOM LOCATIONS, PLEASE INDICATE WHICH TRACK YOU MAY ATTEND.

Thursday, October 27, 2005

<input type="checkbox"/> AM Track 1	<input type="checkbox"/> PM Track 1
<input type="checkbox"/> AM Track 2	<input type="checkbox"/> PM Track 2
<input type="checkbox"/> AM Track 3	<input type="checkbox"/> PM Track 3

Friday, October 28, 2005

<input type="checkbox"/> AM Track 1	<input type="checkbox"/> PM Track 1
<input type="checkbox"/> AM Track 2	<input type="checkbox"/> PM Track 2
<input type="checkbox"/> AM Track 3	<input type="checkbox"/> PM Track 3

Saturday, October 29, 2005

Plenary Session

PLEASE NOTE THAT THIS TRACK SELECTION IS FOR INFORMATION ONLY. YOU ARE FREE TO ATTEND SESSIONS OTHER THAN THOSE INDICATED ABOVE.

METHOD OF PAYMENT

Check Enclosed (Make checks payable to: **AIPLA**)
 Credit Card (Please circle one—AMEX, MC, or VISA)

Card Number _____

Exp. Date _____

Name on Card _____

Signature _____