

2009 annual meeting registration form

thursday, october 15 – saturday, october 17, 2009

mariott wardman park hotel • washington, dc

Registration Form

3 ways to register:

(1) mail:
AIPLA
241 18th Street, South
Suite 700
Arlington, VA 22202

(2) fax: 703.412.1304
(Faxed registrations
MUST be accompanied
by credit card
information).

(3) register online:
Go to www.aipla.org
Credit Card Payment Only

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
register by 10/1/09 and take \$100 off the fee (pay only \$545) | \$645 | \$ _____ |
| <input type="checkbox"/> non-member*
register by 10/1/09 take \$100 off the fee (pay only \$855) | \$955 | \$ _____ |
| <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 and government member rate | \$70 | \$ _____ |
| <input type="checkbox"/> first-time corporate in-house counsel (subject to AIPLA verification) | \$0 | \$ _____ |

event fees

- thursday, october 15
spouse/guest tour: The National Museum of American History \$60 x # _____ \$ _____
luncheon speaker: Alison Brimelow, President, European Patent Office \$53 x # _____ \$ _____
opening night reception \$65 x # _____ \$ _____
 - friday, october 16
corporate practice/women in IP law breakfast \$0 x # _____ \$ _____
spouse/guest tour: The Life of a President \$62 x # _____ \$ _____
luncheon speaker: Honorable Randall R. Rader,
US Court of Appeals for the Federal Circuit \$59 x # _____ \$ _____
dinner & entertainment \$145 x # _____ \$ _____
 - saturday, october 17
networking luncheon \$58 x # _____ \$ _____
- food restrictions/request _____
- total amount \$ _____

For information purposes only, so that we may better allocate room locations, please indicate which Track you may attend.

thursday, october 15:

- | | |
|-------------------------------------|-------------------------------------|
| <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 16:

- | | |
|-------------------------------------|-------------------------------------|
| <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 17:

- plenary session

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 _____

cancellation deadline: October 6, 2009