

Registration Form

To Register: Email meetings@aipla.org **or** Mail: 1400 Crystal Dr, Ste 600, Arlington, VA 22202

First Name _____ Last Name _____

Firm/ Company _____

Mailing Address _____

Email _____ Telephone _____

Registration Fees *(Circle One)*

AIPLA Members	
In-House Corporate Counsel	\$99.00
Non-In-House Corporate Counsel	\$295.00
Government/IP Paralegal/Junior/Tech Transfer	\$99.00
Student/Academic	\$45.00
Non AIPLA Members	
In-House Corporate Counsel	\$495.00
Non-In-House Corporate Counsel	\$725.00
Government Employee	\$99.00
<i>Registration Total:</i>	

Please indicate which US state(s) you will be requesting CLE: _____

Method of Payment

☐ Check Enclosed ☐ Credit Card (Circle one: AMEX, Mastercard, or Visa)

Cardholder's Name _____

Credit Card Number _____

Expiration Date _____ CVV _____

Signature _____ Date _____

By signing above, you grant AIPLA permission to charge the above credit card for the indicated amount.

Please Note: Refunds will be made only if cancellation request is received by AIPLA no later than Tuesday, December 30, 2025. Cancellations must be in writing, emailed to aipla@aipla.org and are subject to a \$50 cancellation fee. No refunds or credit will be issued for cancellations received after December 30, 2025.