

Registration Form

Ways to Register

- **Email:** meetings@aipla.org
- **Mail:** 1400 Crystal Dr, Ste 600, Arlington, VA 22202
- **Fax:** (703) 415-0786
- **Online:** www.aipla.org

First Name _____ Last Name _____

Firm/ Company _____

Mailing Address _____

Email _____ Telephone _____

Registration Fees *(Circle One)*

| Category | Fee |
|----------------------------|----------|
| AIPLA Member | \$145.00 |
| AIPLA Member - Student | \$25.00 |
| AUTM Member * | \$145.00 |
| Non-Member | \$595.00 |
| <i>Registration Total:</i> | |

*AUTM Member ID: _____

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 is received by AIPLA no later than January 29, 2026. 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 January 30, 2026