



# Patent Bar & Office Dialog Summit Registration Form

## MULTIPLE ATTENDEE DISCOUNT

Tuesday, March 15, 2016  
 JW Marriott Hotel, Washington, DC

CONTACT NAME \_\_\_\_\_

TITLE \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL (for registration confirmation) \_\_\_\_\_

**Add the contact information for additional attendees below.**

**Registration Fees** (Per person. Fees include breakfast, lunch, course materials, and networking reception)

**General Conference Registration** . . . . . \$700 (for the first person)

**Additional Attendees** . . . . . \$500 (each additional person)

**Networking Reception (5:00-6:00pm)** \_\_\_ I will attend \_\_\_ I cannot attend

**TOTAL ENCLOSED:** \$ \_\_\_\_\_

**Method of Payment** (Check or credit card)

Note: Registrations will not be processed until full payment is received.

\_\_\_ **Check** (Make check payable to "IPO Education Foundation" and include this form with the check)

\_\_\_ **Credit Card** (Emailed registrations MUST be accompanied by credit card information)

- American Express    MasterCard    Visa

CARD NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

First & Last Name	Title	E-mail	Networking Reception Will/Won't Attend	CLE Number(s) & State(s)

**E-mail scanned form to (credit card payments only):** meetings@ipo.org

**Mail form to (forms will not be processed without payment):**

IPO Education Foundation | 1501 M Street NW, Suite 1150 | Washington, DC 20005

**Questions?** E-mail: meetings@ipo.org or Call: (202) 507-4500