



September 7-9, 2025  
Manchester Grand Hyatt,  
San Diego, CA

## IPO Member Group Discount Form

Any IPO member organization sending 5 or more employees to attend the annual meeting will receive a rate of \$850 per registrant. Complimentary registrations do not count towards the 5 minimum required to receive this discount. *No other discounts apply. The group discount is not transferable to another individual or organization not employed with the organization listed below.*

Select ONE of the registration options below for the group:

- \_\_\_\_\_ **Organization contact will collect and provide a list of names to IPO to be registered together.**  
See page 3 for Group Attendee Form. Only enter their mailing address if it is different than the Contact's address below. Once attendees are registered, they will receive a confirmation email, they can then log into their profiles and add additional optional functions such as the IPO Fun Run/Walk or IPO Networking Event hosted by the DEI and Women in IP Committees.
- \_\_\_\_\_ **Organization's employees will register themselves individually.**  
Contact will receive a group discount code to distribute to their organization. If the minimum of 5 paying registrants is not met by **September 5, 2025**, then all the organization's current attendees will be charged an additional \$350 per person (a total of \$1,200 per person/IPO member rate) to the credit card listed below.

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

TITLE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

*The contact named above agrees to register a minimum of 5 or more paying registrants for IPO's Annual Meeting at the Manchester Grand Hyatt hotel in San Diego, CA USA (September 7-9, 2025).*

**Method of Payment** (Wire/EFT option available. Invoice available upon request):

Credit Card. Enter type: Amex, MasterCard, Visa: \_\_\_\_\_

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Registration Fees:

- **IPO Member:** \$1,200.00 by 7/31; \$1,400 between 8/1 and 9/5, and \$1,600 on-site in San Diego.
- **Non-member:** \$2,400 by 7/31; \$2,800 between 8/1 and 9/5, and \$3,000 on-site in San Diego.
- **Government/Academic/Emeritus:** \$850.00. *No other discount applies.*
- **IPO Member Group Discount:** Any IPO member organization sending 5 or more employees to attend the annual meeting will receive a rate of \$850 per registrant. Complimentary registrations do not count towards the 5 minimum required to receive this discount. *No other discounts apply.*

**Registration fees include** all education sessions; CLE Credit to applicable states; networking luncheons, breakfasts, and breaks on Monday and Tuesday (Sept. 8-9); Sunday Welcome Reception (Sept. 7); Monday Evening Reception (Sept. 7), and access to the IP Expo Hall (Sept. 8-9). *IPO does not provide a refund if an attendee chooses not to participate in any of the functions included with their registration fees.*

### RETURN FORM TO [MEETINGS@IPO.ORG](mailto:MEETINGS@IPO.ORG)

Allow for 2 business days to receive a confirmation email.

By submitting this form, you agree that you have read [IPO's meeting and cancellation policies](#) as noted on our website.

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## Group Attendee Registration Form

Each attendee must have a **unique** email so registrants can receive meeting information & access to materials.

1. NAME \_\_\_\_\_

TITLE (i.e. *Partner, VP*) \_\_\_\_\_

FULL ADDRESS \_\_\_\_\_

E-MAIL \_\_\_\_\_

Will you request CLE Credit? If so, list the state(s) and your Bar Number(s) \_\_\_\_\_

\_\_\_\_\_

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2. NAME \_\_\_\_\_

TITLE (i.e. *Partner, VP*) \_\_\_\_\_

FULL ADDRESS \_\_\_\_\_

E-MAIL \_\_\_\_\_

Will you request CLE Credit? If so, list the state(s) and your Bar Number(s) \_\_\_\_\_

\_\_\_\_\_

**CONTINUE ON NEXT PAGE**

3. NAME \_\_\_\_\_  
TITLE (i.e. *Partner, VP*) \_\_\_\_\_  
FULL ADDRESS \_\_\_\_\_  
E-MAIL \_\_\_\_\_  
Will you request CLE Credit? If so, list the state(s) and your Bar Number(s) \_\_\_\_\_  
\_\_\_\_\_

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4. NAME \_\_\_\_\_  
TITLE (i.e. *Partner, VP*) \_\_\_\_\_  
FULL ADDRESS \_\_\_\_\_  
E-MAIL \_\_\_\_\_  
Will you request CLE Credit? If so, list the state(s) and your Bar Number(s) \_\_\_\_\_  
\_\_\_\_\_

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5. NAME \_\_\_\_\_  
TITLE (i.e. *Partner, VP*) \_\_\_\_\_  
FULL ADDRESS \_\_\_\_\_  
E-MAIL \_\_\_\_\_  
Will you request CLE Credit? If so, list the state(s) and your Bar Number(s) \_\_\_\_\_  
\_\_\_\_\_

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6. NAME \_\_\_\_\_  
TITLE (i.e. *Partner, VP*) \_\_\_\_\_  
FULL ADDRESS \_\_\_\_\_  
E-MAIL \_\_\_\_\_  
Will you request CLE Credit? If so, list the state(s) and your Bar Number(s) \_\_\_\_\_  
\_\_\_\_\_

**CONTINUE ON NEXT PAGE**

7. NAME \_\_\_\_\_  
TITLE (i.e. *Partner, VP*) \_\_\_\_\_  
FULL ADDRESS \_\_\_\_\_  
E-MAIL \_\_\_\_\_  
Will you request CLE Credit? If so, list the state(s) and your Bar Number(s) \_\_\_\_\_  
\_\_\_\_\_

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8. NAME \_\_\_\_\_  
TITLE (i.e. *Partner, VP*) \_\_\_\_\_  
FULL ADDRESS \_\_\_\_\_  
E-MAIL \_\_\_\_\_  
Will you request CLE Credit? If so, list the state(s) and your Bar Number(s) \_\_\_\_\_  
\_\_\_\_\_

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9. NAME \_\_\_\_\_  
TITLE (i.e. *Partner, VP*) \_\_\_\_\_  
FULL ADDRESS \_\_\_\_\_  
E-MAIL \_\_\_\_\_  
Will you request CLE Credit? If so, list the state(s) and your Bar Number(s) \_\_\_\_\_  
\_\_\_\_\_

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10. NAME \_\_\_\_\_  
TITLE (i.e. *Partner, VP*) \_\_\_\_\_  
FULL ADDRESS \_\_\_\_\_  
E-MAIL \_\_\_\_\_  
Will you request CLE Credit? If so, list the state(s) and your Bar Number(s) \_\_\_\_\_  
\_\_\_\_\_

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**By submitting this form, all registrants have agreed to [IPO's meeting policies](#).**

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