



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.

_____ **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 25, 2026**, 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 Sheraton Centre hotel in Toronto, ON Canada (September 27-29, 2026).

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

Credit Card (Amex, MasterCard, Visa) Number: _____

Expiration Date: _____ Security Code: _____

Cardholder Name (print) _____

Signature _____ Date _____

Registration Fees:

- **IPO Member:** \$1,200.00 by 7/31; \$1,400 between 8/1 and 9/20, and \$1,600 on-site in Toronto.
- **Non-member:** \$2,400 by 7/31; \$2,800 between 8/1 and 9/20, and \$3,000 on-site in Toronto.
- **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. 28-29); Sunday Welcome Reception (Sept. 27); Monday Evening Reception (Sept. 27), and access to the IP Expo Hall (Sept. 28-29). *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

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.

Group Attendee Registration Form

Each attendee **must have a unique** email so registrants can receive meeting information & access to the 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) _____

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) _____

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) _____

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) _____

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) _____

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) _____

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) _____

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) _____

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