



RESERVATION FORM MAIL OR FAX THIS

by April 4, 2012

Date: _____

TO: Anthony Giaccio, Ira Levy, Tom Meloro: Program Co-chairs
 c/o JPPCLE, Inc.
 485 Kinderkamack Road, 2nd Floor
 Oradell, New Jersey 07649
 Phone: (201) 634-1870 Fax: (201) 634-1871
 E-Mail: Admin@JPPCLE.org www.jppcle.org

CONTACT: Name _____ E-Mail _____
 (if contact is also attending the program, please list below)

Firm/Comp. _____ Tel # _____

Address _____

The following people wish to attend the Twenty-Eighth Annual Joint Patent Practice Seminar on Tuesday, April 17, 2012:

(Please photocopy for additional registrations)

Name	E-mail					*Meal
_____	_____	<input type="checkbox"/> CIPLA	<input type="checkbox"/> NJIPLA	<input type="checkbox"/> NYIPLA	<input type="checkbox"/> PIPLA	* <input type="checkbox"/>
_____	_____	<input type="checkbox"/> CIPLA	<input type="checkbox"/> NJIPLA	<input type="checkbox"/> NYIPLA	<input type="checkbox"/> PIPLA	* <input type="checkbox"/>
_____	_____	<input type="checkbox"/> CIPLA	<input type="checkbox"/> NJIPLA	<input type="checkbox"/> NYIPLA	<input type="checkbox"/> PIPLA	* <input type="checkbox"/>
_____	_____	<input type="checkbox"/> CIPLA	<input type="checkbox"/> NJIPLA	<input type="checkbox"/> NYIPLA	<input type="checkbox"/> PIPLA	* <input type="checkbox"/>

- Early Registration Fee \$440.00 for payments received *by* 04/04/12**
- Late Registration Fee \$470.00 for payments received *after* 04/04/12**

Cancellation Policy: All cancellations must be received in writing on or before April 4, 2012. Registration fees are non-refundable after April 4, 2012. Refunds are not given for "no-shows."

Payment: Full-payment must accompany your registration form for your registration to be processed. Your signature below authorizes JPPCLE, Inc. **to charge your credit card the total payment and acknowledges that there are no refunds after April 4, 2012.** JPPCLE, Inc. reserves the right to charge the correct amount if different from the total due listed below.

Check payable to JPPCLE, Inc. in the amount of \$ _____

Visa Mastercard American Express Credit Card Authorization Code _____

_____ card number _____ expiration date

_____ print cardholder name _____ total due

_____ signature _____ date

_____ cardholder billing address _____ postal/zip code

For registrants seeking NYS CLE credit, full and partial scholarships to attend this program are available to judges, judicial law clerks, law professors, law students, government agencies, unemployed attorneys, and those with financial hardship. To apply for a scholarship, send your request stating the reason for your interest in a scholarship to JPP Program Committee, c/o JPPCLE, 485 Kinderkamack Road, 2nd Floor, Oradell, N.J. 07649 along with the completed registration form for this program. Students are requested to submit a photocopy of their validated student identification card.