C I P L A

connecticut || intellectual || property || law || association

EVENT RESERVATION FORM

Date: _____

Time:	6:00 p.m.	Reception	**Place:**	The Graduate Club
	6:30 p.m.	Dinner		155 Elm Street
	7:30 p.m.	Speaker		New Haven, CT
				203-624-3197

Cost: $40.00 CIPLA members; $60.00 non-members; $20.00 students

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RESERVATION FORM

Return to: Raymond Zenkert
Program Chair
Grogan, Tuccillo & Vanderleeden LLP
1350 Main St., Suite 508
Springfield, MA 01103

(T): 860-549-5290 ext. 1411
(F): 413-733-4543
(E): zenkert@gtv-ip.com

CIPLA Member: Yes No (circle one)

Choice of Entrees: _____ Beef _____ Fish
_____ Chicken _____ Vegetarian

Dietary Restrictions: _____

Please reserve _____ space(s) for me at the CIPLA meeting.
For multiple attendees, please specify each individual's dinner choice and membership status.

Enclosed is a check made payable to the CIPLA for $_____.

Name(s): _____

Firm: _____

Phone: _____

Fax: _____

Email: _____