

CIPLA

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

EVENT RESERVATION FORM

Date: _____

Time: 6:00 p.m. Reception
6:30 p.m. Dinner
7:30 p.m. Speaker

Place: The Graduate Club
155 Elm Street
New Haven, CT
203-624-3197

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

RESERVATION FORM

Return to: Jeffrey J. Scepanski (T): 203-327-4500 ext. 154
Program Chair (F): 203-327-6401
Ohlandt, Greeley, Ruggiero & Perle, LLP (E): jscepanski@ogrp.com
1 Landmark Square, 10th Floor
Stamford, CT 06901

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: _____