C I P L A

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

EVENT RESERVATION FORM

Event Date: _____

Time:

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

Place: The Graduate Clubhouse
155 Elm Street
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: Leslie-Anne Maxwell, Ph.D.
CIPLA Program Chair
Cantor Colburn LLP
20 Church Street
Hartford, CT 06103

T: 860-286-2929
E: amaxwell@cantorcolburn.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: _____

Email: _____