

CIPLA

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

EVENT RESERVATION FORM

Event Date: _____

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

Cost: \$40.00 CIPLA members; \$45.00 non-members; \$20.00 students

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
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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: _____