

CIPLA

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

EVENT RESERVATION FORM

Event Date: _____

Time: 6:00 p.m. Reception **Place:** The Elm City Club (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: Benjamin White
CIPLA Program Chair
St. Onge Steward Johnston & Reens LLC
986 Bedford Street
Stamford, CT 06905

T: 203-324-6155
E: bwhite@ssjr.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: _____