



AOAIOIP Registration Form

Register online at www.cincybar.org

Name: _____

Firm / Company: _____

Address: _____

City _____ State _____ Zip: _____

Phone: _____ Fax: _____

Supreme Court #: _____

Membership Status:

- | | | |
|--|--|--|
| <input type="checkbox"/> Cincinnati Bar Association Member | <input type="checkbox"/> CincyIP Member | <input type="checkbox"/> Full-Time Law Faculty |
| <input type="checkbox"/> CIPLA Member | <input type="checkbox"/> DIPLA Member | <input type="checkbox"/> Law Student |
| | <input type="checkbox"/> Government Employee | <input type="checkbox"/> Non-Member |

CLE MATERIALS

Email Address to receive materials electronically: _____

PLEASE REGISTER ME FOR:

- Full Conference (October 7 & 8)
- General & Professionalism Sessions (October 7)
- Patent Breakout Session (October 8)
- Trademark / Copyright Breakout Session (October 8)

PAYMENT INFORMATION:

Check (payable to Cincinnati Bar Association) Total Enclosed: \$ _____

Mail checks to:
Cincinnati Bar Association
CLE Registration
225 E. Sixth Street, Second Floor
Cincinnati, OH 45202

Mail-in registrations must be received one week prior to the seminar date to ensure processing.

To pay by credit card, register online at www.cincybar.org or call (513) 381-8213.