



Bio[®] IP COUNSELS COMMITTEE CONFERENCE

ATTENDEE REGISTRATION FORM WASHINGTON, DC – OCTOBER 26-28, 2009

Registration Information:

Name: _____

Title: _____

Company: _____

Address: _____

City, State, Zip: _____

E-mail Address: _____

Office Phone: _____

Member Rates (US\$):

Early by 8/26/09	Regular after 8/26/09
\$375.00	\$400.00

Non-Member Rates (US\$):

Early by 8/26/09	Regular after 8/26/09
\$675.00	\$700.00

Registration fee includes access to all sessions (unless otherwise noted in program), breakfasts, lunches, and receptions.

Payment by Credit Card:

I, _____, authorize BIO to charge a conference registration fee in the amount of \$_____ to my credit card.

Master Card Visa Amex

Name as it appears on card: _____

Card Number: _____

Card Expiration Date _____

Payment by Check:

If you plan to pay by check, you still need to submit this form. Please mail a check made out to "Biotechnology Industry Organization".

BIO, c/o Brandy Blevins
1201 Maryland Avenue, SW, Suite 900
Washington, D.C. 20024

Please complete this form and fax to (202) 488-0650, c/o Brandy Blevins. A confirmation e-mail will be sent once we have received payment and processed your registration. Please direct any questions to Brandy Blevins at bblevins@bio.org.

Regrettably, we will be unable to provide any refunds for cancellations.