



APPLICATION
to enter IPTA Academy Course on
Group H - Interpretation and Validity of Patent Specifications
2010

TITLE	FAMILY NAME	GIVEN NAME
ADDRESS for correspondence		
TELEPHONE NUMBER: _____		
TELEFAX NUMBER: _____		
E-MAIL ADDRESS: _____		
QUALIFICATIONS <i>(give details)</i>		
Degrees		
Month/Year completed		
Where obtained		
● TECHNICAL (Name of Degree) _____		

<i>What is the broad technical discipline?</i>		
<i>(please tick whichever is appropriate)</i>		
<input type="checkbox"/> Mechanical		
<input type="checkbox"/> Electrical/Electronics		
<input type="checkbox"/> Chemical		
<input type="checkbox"/> Biotechnical		
<input type="checkbox"/> Other: _____		
● LEGAL		

● IP SUBJECTS

RESULT

MONTH/YEAR

INSTITUTION eg. Board/Academy/Name of University

A

B

C

D

E

F

G

I

DO YOU INTEND TO INCLUDE THIS COURSE AS PART OF:

● Post Graduate Diploma

● Masters Degree

(please give details of the course being undertaken)

IP EXPERIENCE *(give details):*

Current Employer's Name and Address:

Duties (if Technical Assistant, that is sufficient):

Start Date: (month/year)

PREVIOUS IP EMPLOYMENT:

<u>Firm/Company's Name</u>	<u>Start Date</u> (month/year)	<u>End Date</u> (month/year)	<u>Role/Duties</u>
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PREVIOUS IP COURSES ATTENDED (not listed above)

OTHER SUBJECTS/COURSES BEING UNDERTAKEN IN 2010

SUBJECT NAME

INSTITUTION: Academy/Name of University

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NAME AND ADDRESS OF SPONSOR (that is, of the person responsible for payment of registration fees)

Please return this form by 11th January 2010 to:

Ms Linda Tocchet
Executive Secretary

The Institute of Patent & Trade Mark Attorneys of Australia (IPTA)
Level 2, 302 Burwood Road, (PO Box 419)
HAWTHORN VIC 3122

Telephone: (03) 9819 2004
Facsimile: (03) 9819 6002
E-Mail: mail@ipta.org.au

On acceptance to the Course, I

- (1) agree to pay registration fees of AU\$3,000.00 for an IPTA member; AU\$3,250.00 for a non member*
- (2) agree to attend both tutorial sessions*
- (3) agree to complete assignment work (students who do not complete assignments may be excluded from examination)*
- (4) understand that the Academy may at its sole discretion cancel my involvement in the course.*

SIGNED: _____

DATED: _____

(Do not send any money until you have been notified of acceptance to the Course)

Signature of Sponsor (where appropriate): _____