



APPLICATION
to enter IPTA Academy Course on
Group G - Drafting 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) _____ _____ | | |
| What is the broad technical discipline? <input type="checkbox"/> Mechanical | | |
| <i>(please tick whichever is appropriate)</i> <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

H

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> |
|----------------------------|-----------------------------------|---------------------------------|--------------------|
|----------------------------|-----------------------------------|---------------------------------|--------------------|

PREVIOUS IP COURSES ATTENDED (not listed above)

OTHER SUBJECTS/COURSES BEING UNDERTAKEN IN 2010

SUBJECT NAME

INSTITUTION: Academy/Name of University

A

B

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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
Email: 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): _____