

**ASIAN PATENT ATTORNEYS ASSOCIATION 59<sup>th</sup> Council Meeting**  
12-15 November 2011  
Makati Shangri-la, Makati City, Philippines

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**REGISTRATION Form for APAA Observers**

- **On-line registration** is highly recommended as this is both the fastest and easiest way to register.
- You may register on-line through the **APAA 2011 website** ([www.apaa2011.org](http://www.apaa2011.org)) or by completing the registration form below. If problems arise while registering via the website, please print or type your information clearly on this form and send it to the APAA 2011 Secretariat by e-mail or fax thru the Secretariat at the following address:

INTELLECTUAL PROPERTY ASSOCIATION OF THE PHILIPPINES (IPAP)  
Unit2304-A, Tektite West Tower, Philippine Stock Exchange Centre, Exchange Road, Ortigas Center, Pasig City, Philippines

Tel. No.: (632) 687-6443 Fax No.: (632) 687-6713 Email: mail@ipap.com.ph

- Each observer must complete a separate registration form.

**A. APAA OBSERVER & ACCOMPANYING FAMILY PERSONS**

**1. OBERVER**

Title <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Others / Child			
Observer ID No		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Family Name		Given Name	
Firm			
Professional Qualification			
Postal Address			
City		State	
Country		Post Code/Zip	
Phone	<i>*incl. country/area code</i>	Fax	<i>*incl. country/area code</i>
Mobile Phone		Email Address	

Please tick if you are a first-time participant.

Special dietary requirements  Vegetarian  Halal  Others (Please specify) \_\_\_\_\_

Please indicate your t-shirt size:  XS  S  M  L  XL  Other \_\_\_\_\_

Size Chart	XS	S	M	L	XL
Chest (inches)	30-32	34-36	38-40	42-44	46-48
Waist (inches)	28-30	30-32	32-33	33-34	36-38

**APAA OBSERVER EXCURSION DAY PROGRAM**

The Excursion Day is included in the Registration Fee for Accompanying Family Persons.

Name of Tour	
EP 1 - Tagaytay Highlands	<input type="checkbox"/> Yes <input type="checkbox"/> No
EP 2 - Golf at Tagaytay Midlands	<input type="checkbox"/> Yes Additional Cost US\$ _____ Rental of Golf Clubs US\$ _____
EP 3 - Taal Volcano Trek	<input type="checkbox"/> Yes Additional Cost US\$ _____
EP 4 - Town Heritage Tour	<input type="checkbox"/> Yes Additional Cost US\$ _____
EP 5 - Culinary Tour	<input type="checkbox"/> Yes Additional Cost US\$ _____

**2. ACCOMPANYING FAMILY PERSON 1 (AFP1)**

Title <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Others/Child _____	
AFP1 ID	<i>*Please note that the AFP ID must be filled in as follows: Member ID-AOPI</i>
Family Name	Given Name

Relationship		<input type="checkbox"/> Please tick if you are a first-time participant
Special dietary requirements	<input type="checkbox"/> Vegetarian <input type="checkbox"/> Halal <input type="checkbox"/> Others (Please specify) _____	
Please indicate your t-shirt size:	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> Other _____	
I declare that the above-named person is my _____ . (State Relationship)		
<input type="checkbox"/> Please tick if AFP1 is a first time participant.		

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AFP 1 EXCURSION DAY PROGRAMME	
The Excursion Day is included in the Registration Fee for Accompanying Family Persons.	
<b>Name of Tour</b>	
EP 1 - Tagaytay Highlands	<input type="checkbox"/> Yes <input type="checkbox"/> No
EP 2 - Golf at Tagaytay Midlands	<input type="checkbox"/> Yes    Additional Cost US\$ _____ Rental of Golf Clubs US\$ _____
EP 3 - Taal Volcano Trek	<input type="checkbox"/> Yes    Additional Cost US\$ _____
EP 4 - Town Heritage Tour	<input type="checkbox"/> Yes    Additional Cost US\$ _____
EP 5 - Culinary Tour	<input type="checkbox"/> Yes    Additional Cost US\$ _____

AFP 1 ACCOMPANYING FAMILY PERSONS TOURS		
The Excursion Day is included in the Registration Fee for Accompanying Family Persons.		
<b>Name of Tour</b>	<b>Please Tick (Choose one each for Nov. 13 and Nov. 15)</b>	
	<b>Sunday, Nov. 13</b>	<b>Tuesday, Nov. 15</b>
AFP1 - Museum Tour	<input type="checkbox"/>	<input type="checkbox"/>
AFP2 - Battle Fields of Corregidor	<input type="checkbox"/>	<input type="checkbox"/>
AFP2 - Charms of Old Manila	<input type="checkbox"/>	<input type="checkbox"/>
AFP - Shopping Tours	<input type="checkbox"/>	<input type="checkbox"/>

3. ACCOMPANYING FAMILY PERSON 2 (AFP2)	
Title	<input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Others/Child _____
Family Name	Given Name
Relationship	<input type="checkbox"/> Please tick if you are a first-time participant
Special dietary requirements	<input type="checkbox"/> Vegetarian <input type="checkbox"/> Halal <input type="checkbox"/> Others (Please specify) _____
Please indicate your t-shirt size:	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> Other _____
I declare that the above-named person is my _____ . (State Relationship)	
<input type="checkbox"/> Please tick if AFP2 is a first time participant.	

AFP 2 EXCURSION DAY PROGRAMME	
The Excursion Day is included in the Registration Fee for Accompanying Family Persons.	
<b>Name of Tour</b>	
EP 1 - Tagaytay Highlands	<input type="checkbox"/> Yes <input type="checkbox"/> No
EP 2 - Golf at Tagaytay Midlands	<input type="checkbox"/> Yes    Additional Cost US\$ _____ Rental of Golf Clubs US\$ _____
EP 3 - Taal Volcano Trek	<input type="checkbox"/> Yes    Additional Cost US\$ _____
EP 4 - Town Heritage Tour	<input type="checkbox"/> Yes    Additional Cost US\$ _____
EP 5 - Culinary Tour	<input type="checkbox"/> Yes    Additional Cost US\$ _____

AFP 2 ACCOMPANYING FAMILY PERSONS TOURS	
The Excursion Day is included in the Registration Fee for Accompanying Family Persons.	
<b>Name of Tour</b>	<b>Please Tick (Choose one each for Nov. 13 and Nov. 15)</b>

	Sunday, Nov. 13	Tuesday, Nov. 15
AFP1 - Museum Tour	<input type="checkbox"/>	<input type="checkbox"/>
AFP2 - Battle Fields of Corregidor	<input type="checkbox"/>	<input type="checkbox"/>
AFP2 - Charms of Old Manila	<input type="checkbox"/>	<input type="checkbox"/>
AFP - Shopping Tours	<input type="checkbox"/>	<input type="checkbox"/>

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**4. PAYMENT**

A. SUMMARY OF PAYMENTS (USD)

CATEGORY	Early Registration (On or before Aug. 31, 2011)	Conference Registration (On or before Oct. 15, 2011)	Amount
Observer	USD1,800.00	USD 1,950.00	
Accompanying Family Person	USD1,500.00 x ( ) persons	USD 1,700.00 x ( ) persons	
Golf Play Fee	USD200.00		
Rental Golf Club	USD50.00		
Sub-total Excursion Day Costs	USD	USD	

**Total Amount**

*NOTE: Registration will nit be processed or confirmed until payment in full is received.*

**B. METHOD OF PAYMENT**

Credit Card     Master Card     Visa     JCB     American Express

Please note that all participants wishing to make credit card payment should settle the payment online and clearly state the credit card information.

Credit Card Number:

Name on card:

Expiry date (mm/yr):

Three Digits Verification Code for Master Card / Visa / JCB : \_ \_ \_ \_

Four Digits Verification Code for American Express: \_ \_ \_ \_

Billing Address:

Signature:

Date:

**BANK TRANSFER:**

Please send payment by telegraphic transfer to:

Account Name: Intellectual Property Association of the Philippines

Account No. : 3430162402

Bank Name : Banco De Oro

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Bank Branch : Ortigas-Exchange Road Branch  
Bank Address : G/F PSEC East Tower, Exchange Road, Ortigas Center, Pasig City, Philippines  
Swift Code : BNORPHMM

I have read and understood all the conditions outlined in this registration brochure/document and agree to all the terms applicable for this Conference.

APAA Observer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ASIAN PATENT ATTORNEYS ASSOCIATION 59<sup>th</sup> Council Meeting

12-15 November 2011

Makati Shangri-la, Makati City, Philippines

### ACCOMMODATION Form for APAA Observers

This form applies to Observer and AFPs requiring accommodation during the Conference. To make reservation, please complete the form below and forward to the APAA 2011 Secretariat. Please photocopy the form where required to reserve multiple rooms.

#### ACCOMMODATION

(Please Tick)

Observer     AFP    Title:     Prof.     Dr.     Mr.     Mrs.  
 Ms.     Others/Child \_\_\_\_\_

Family Name		Given Name	
Arrival Date	Arrival Flight No.	Check-in Date:	
Departure Date	Departure Flight No.	Check-out Date:	

Please select the hotel by inserting "1" for your first choice, "2" for your second choice, and "3" for your third choice.

Hotel Name	Choice of Hotel	No. of Nights	Room Type	Room Rate * (Php)	
				Single	Double
MAKATI SHANGRI-LA HOTEL (Conference Hotel)	( )				
THE PENNINSULA HOTEL	( )				
DUSIT THANI HOTEL	( )				
INTERCONTINENTAL HOTEL	( )				
MANDARIN ORIENTAL	( )				
NEW WORLD HOTEL	( )				

Special requirements     Smoking     Non Smoking     Airport Transfer     Other (Please specify) \_\_\_\_\_

Important: A minimum one night's deposit for hotels must be paid to secure your booking.

If your first preference of hotel is not available, the Secretariat will secure your accommodation at another hotel.

I do not require the Secretariat to book accommodation for me. I have made my own arrangements and will be staying at:  
Name of hotel: \_\_\_\_\_

#### Important - Please complete this section

Credit Card     Master Card     Visa     JCB     American Express

Please note that all participants wishing to make credit card payment should settle the payment online and clearly state the credit card information.

Credit Card Number: \_\_\_\_\_ Name on card: \_\_\_\_\_

Expiry date (mm/yr):

Three Digits Verification Code for Master Card / Visa / JCB : \_ \_ \_ \_ \_

Four Digits Verification Code for American Express: \_ \_ \_ \_ \_

Billing Address:

Signature:

Date:

All cancellations must be submitted to the Secretariat in writing. An acknowledgement by email, fax or post confirming that the cancellation has been received by the Hotel will be provided by the Secretariat.

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**OBSERVER'S Sponsorship Letter**

This Sponsorship Letter must be completed by an Observer who wishes to attend the Asian Patent Attorneys Association Council Meeting for the first time and who complies with the Observer Protocols set herein. If you have already attended an APAA Council Meeting as an Observer you do not need to complete this sponsorship letter.

To: **The Secretariat**  
APAA 2011  
c/o INTELLECTUAL PROPERTY ASSOCIATION  
OF THE PHILIPPINES (IPAP)  
Unit2304-A, Tektite West Tower,  
Philippine Stock Exchange Centre,  
Exchange Road, Ortigas Center,  
Pasig City, Philippines  
Tel.: +63-2-687-6443  
Fax: +63-2-687-6713  
Email: mail@ipap.com.ph

Copy to : **The Secretary General of APAA**  
APAA Headquarters  
c/o Asamura Patent Office, p.c.  
Tennoz Central Tower, 22<sup>nd</sup> Floor,  
2-2-24, Higashi-Shinagawa, Shinagawa-ku,  
Tokyo 140-0002 Japan  
Tel.: +81-3-5715-8651  
Fax : +81-3-5460-6310 or 81-3-5460-6320  
Email: skobori@asamura.jp

Dear Sirs:

SPONSORSHIP FOR 59<sup>th</sup> COUNCIL MEETING

I, the undersigned, being a member of APAA and whose particulars are set out below, wish to sponsor the Observer, whose particulars are set out below, to attend the APAA's 59<sup>th</sup> Council Meeting.

Title (please tick)	<input type="checkbox"/> Prof <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms	Member ID No.	
Family Name		Given Name	
Firm			
Country		Email Address	

Title (please tick)	<input type="checkbox"/> Prof <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms	Observer ID No.	
Family Name		Given Name	
Firm			
Postal Address			
City / Suburb		State	
Country		Post code / Zip	
Telephone		Mobile Phone	

Fax		Email Address	
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Professional Qualification (Please State)

Yours Faithfully,

\_\_\_\_\_  
Member's Signature

1. Only one Observer is allowed for each firm.
2. The Observer must:
  - hold a professional qualification which in the opinion of the Secretary-General of APAA would entitle him/her to APAA membership if the Observer was resident in APAA region; or
  - be a practicing patent attorney, in his/her own country; or
  - be connected with an intellectual property International Office established by Convention or Treaty, as determined by the Secretary-General of APAA.
3. The Observer arranges for this Sponsorship letter to be completed, signed and dated by an APAA member sponsor.
4. If the Observer does not have an Observer ID, he/she can obtain one from the Secretary-General of APAA via the Secretariat.

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Subject to the Observer obtaining an Observer ID, and meeting the Observer Protocols, their registration will be confirmed.