

ORDER/REGISTRATION FORM - GROUP RATE FOR Minimum 5 participants

5 names and payment information must be faxed at the same time in order to receive the group rate.

Registration for: 4 CPVA courses **SELF - STUDY**

**Valuation of Emerging Technologies**

**Calculating Damages Resulting From Patent Infringement**

**Negotiating Licensing Agreements for Maximum Returns**

**Advance Patent Valuation**

Date \_\_\_\_\_

Names and contact information of the participants:

1.  
Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Amount \$2,635 + Shipping Fee of the Valuation book

AMEX/VISA/Master card \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cancellation Policy:  
ALL SALES ARE FINAL

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2.  
Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Amount \$2,635+ Shipping Fee of the Valuation book

AMEX/VISA/Master card \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cancellation Policy:

ALL SALES ARE FINAL

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3.

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Amount \$2,635+ Shipping Fee of the Valuation book

AMEX/VISA/Master card \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cancellation Policy:

ALL SALES ARE FINAL

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4.

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Amount \$2,635+ Shipping Fee of the Valuation book

AMEX/VISA/Master card \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cancellation Policy:

ALL SALES ARE FINAL

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

5.

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Amount \$2,635+ Shipping Fee of the Valuation book

AMEX/VISA/Master card \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cancellation Policy:

ALL SALES ARE FINAL

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[Please fax the form to: 347-438-3218](tel:347-438-3218)