

PIUG 2019 Biotechnology Meeting

February 19-20, 2019

Kimpton Marlowe Hotel

25 Edwin H Land Blvd

Cambridge, Massachusetts 02141

Kimpton Marlowe (Preferred Hotel)

25 Edwin H Land Blvd.

Cambridge, Massachusetts 02141

Call +1-617-772-5838

Please use link provided on Accommodations page when making hotel reservations.

Reduced Hotel Rates are guaranteed until Saturday, January 19th, 2019



CONFERENCE REGISTRATION FORM

| Registration Type | On or Before | January 21 st to | After | Amount |
|---|---|----------------------------------|----------------------------------|-----------------------------|
| | January 20 th , 2019 | February 10 th , 2019 | February 10 th , 2019 | |
| | Rates | Rates | On Site Rates | |
| PIUG or AIIP Member (Circle Choice) | \$130.00 | \$190.00 | \$275.00 | |
| Non-Member | \$235.00 | \$350.00 | \$450.00 | |
| Student: | \$85.00 | \$115.00 | \$145.00 | |
| Retiree: | \$85.00 | \$115.00 | \$145.00 | |
| Unemployed | \$85.00 | \$115.00 | \$145.00 | |
| This is my 1 st time attending a PIUG Biotech Conference | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Total: <input type="text"/> |
| Special Physical or Dietary Needs. | If yes, check: <input type="checkbox"/> | | | |
| If so, please tell us your special needs: | | | | |
| May PIUG use your photo in a PIUG Publication? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Please tell us, if you are a: | <input type="checkbox"/> Sponsor <input type="checkbox"/> Sponsorship Complimentary Attendee <input type="checkbox"/> Speaker | | | |

PAYMENT INFORMATION

Please type or carefully print the information requested exactly as it should appear on the roster and participant's name badge. If the participant uses a nickname, please indicate how it should appear on the name badge.

Check Visa MasterCard American Express Discover

Name: _____

Employer/Affiliate of: _____

Home Address: _____

Home City _____ Zip: _____

Work Phone: _____ Work Fax: _____

E-mail: _____

CARD HOLDERS INFORMATION

First Name: _____ Last Name: _____

Billing Address: _____

City, State, Zip: _____ Zip: _____

Credit Card Number: _____ Exp. Date: _____ Sec Code (CVV): _____

Signature of Card Holder: _____

OUR CURRENT REFUND POLICY

If cancellation is received on or before February 10th, 2019, a full refund will be provided minus a 10% administration fee. No refunds will be provided after February 10th, 2019. Any cancellation must be sent in writing to Malcolm Hallam at treasurer@piug.org.

Print this form, attach payment and submit to:

Patent Information Users Group, Inc.

40 E. Main Street, #1438

Newark, DE 19711

Phone: (302) 660-3275

Fax: (302) 660-3276

<http://www.piug.org/>