

Registration Form
Iona College Conference on Intellectual Property (CIP)
New Rochelle, NY, June 12–13, 2009

Name: _____

Affiliation (for badge): _____

Mailing Address: _____

Country: _____

Phone: _____ **E-mail:** _____

Please check all that apply below, indicating the total number attending each event.

Registration fee:

- _____ Academic affiliation: \$125
_____ Non-academic affiliation: \$165

Meals and receptions:

- _____ Friday evening dinner (\$35.00 per person)
 Check if vegetarian meal is requested
_____ Closing luncheon Saturday (included in registration)
_____ Total amount enclosed in US\$

Payment options: Check or money order payable to Iona College (memo line CIP09). Credit card payment will be accepted with completed form typed or printed legibly (see next page). An additional \$3.50 handling fee applies to credit card payments. **Note: Do not send credit card information via e-mail. It is not secure.**

**Send completed registration form along with payment to: Conference on Intellectual Property (CIP09)
Conference Registration, Iona College, Department of English, 715 North Ave., New Rochelle, NY, 10801,
attn: Christina M. Carlson**

Housing options:

Conference participants may wish to stay in Iona housing for \$110 for one night or \$85/night for more than one night. Please indicate this preference on your registration and include payment with your registration fee. Additionally, we have reserved rooms at two local hotels: The Residence Inn at \$184 per night, and the Radisson for \$129 per night. To book a room at either hotel, please contact them directly:

Residence Inn:
35 Le Count Pl
New Rochelle, NY, 10801
(914) 636-7888
Group code ICSS (by May 25th)

Radisson Hotel:
One Radisson Plaza ,
New Rochelle NY 10801
(888) 201-1718 US
Group code:0906IONACO (by May 11th)

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Credit Card Information (complete only if you are paying by credit card).
Note that a \$3.50 handling fee must be added to all credit card payments.

Type of card:

Card number:

Expiration date:

Amount authorized (including \$3.50 handling fee): \$

Cardholder Name:

Signature:

Mail with registration form to:

Or fax to: