

## CLE REGISTRATION FORM - Custom

This 2-PAGE form is for individual registrations only. For group registrations, please call 416-597-9724. Please complete and submit by email [osgoodepd@osgoode.yorku.ca](mailto:osgoodepd@osgoode.yorku.ca), fax (416) 597-9736, or mail to Osgoode Professional Development, 1 Dundas West, 26<sup>th</sup> Floor, Toronto, Ontario, M5G 1Z3

Program Information		
Program Name		
Program Date		
Attendance Option (Please refer to program brochure/website for options available)		
Registrant Information		
First Name		
Last Name		
Position Title		
Year of Call (if applicable)		
Areas of Interest <i>(Please select 3):</i>	<ul style="list-style-type: none"> <li>Aboriginal Law</li> <li>Administrative Law</li> <li>Alternative Dispute Resolution</li> <li>Advertising &amp; Marketing Law</li> <li>Bankruptcy &amp; Insolvency</li> <li>Banking &amp; Financial Services Law</li> <li>Charities &amp; NFP Law</li> <li>Class Actions</li> <li>Construction Law</li> <li>Business/Corporate Law</li> <li>Competition Law</li> <li>Constitutional &amp; Human Rights Law</li> <li>Criminal Law</li> <li>Civil Litigation</li> <li>Education Law</li> <li>Elder Law</li> <li>Entertainment &amp; Sports Law</li> <li>Environmental Law</li> <li>Family Law</li> </ul>	<ul style="list-style-type: none"> <li>Health Law</li> <li>In House Corporate Counsel</li> <li>Immigration Law</li> <li>Insurance Law</li> <li>International Law</li> <li>Intellectual Property Law</li> <li>IT &amp; Tech Law</li> <li>Labour &amp; Employment Law</li> <li>Municipal Law</li> <li>Negligence/Tort Law</li> <li>Natural Resources/Energy Law</li> <li>Pension &amp; Benefits Law</li> <li>Personal Injury Law</li> <li>Privacy &amp; Access to Info</li> <li>Procurement/Purchasing Law</li> <li>Real Property Law</li> <li>Securities Law</li> <li>Tax Law</li> <li>Wills, Estates &amp; Trusts Law</li> </ul>
Primary Practice Area		
Please send me promotional material regarding upcoming programs in my select areas of interest via:	<input type="checkbox"/> Email <input type="checkbox"/> Direct Mail <input type="checkbox"/> I do not want to receive promotional email/mail	

Company/Firm/Organization Information	
Company/Firm/Organization Name	
Full Mailing Address (including City, Province, Postal Code)	
Telephone	
Email Address	
Secondary Email Address to be included in registration communication ( <i>Example: Assistant</i> )	

Payment Information	
Cheque enclosed ( <b>payable to York University</b> — HST# R119306736)	
Bill my credit card:    VISA    Mastercard	
Cardholder name	
Card Number	
Expiry	CVV
Signature	
Payment amount	\$
NOTES (Extra Registration Details)	
(i.e. dietary restrictions, GST/HST exemption number, discount codes):	

Please specify your attendance options below:

**Pre-Certificate Online Primers in IP Fundamentals**

Available as of September 25, 2017

**Module 1**

– October 19, 2017 (9:00 a.m. - 5:15 p.m.)

In Person      Webcast

**Module 2**

– November 2, 2017 (9:00 a.m. - 5:00 p.m.)

In Person      Webcast

**Module 3**

– November 16, 2017 (9:00 a.m. - 5:00 p.m.)

In Person      Webcast

**Module 4**

– December 5, 2017 (9:00 a.m. - 5:15 p.m.)

In Person Only