



Application

to enter SEAD Course – 2009

FAMILY NAME		GIVEN NAME	
ADDRESS for correspondence			
TELEPHONE NUMBER			
TELEFAX NUMBER			
EMAIL ADDRESS			
NATIONALITY		AGE	SEX
QUALIFICATIONS (give details) _____ ● TECHNICAL (Name of Degree) What is the broad technical discipline? (please tick whichever is appropriate) <ul style="list-style-type: none"> <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical/Electronics <input type="checkbox"/> Chemical <input type="checkbox"/> Biotechnical <input type="checkbox"/> Other: _____ 			
● LEGAL			
● PATENT			
STANDARD OF ENGLISH (please tick whichever is appropriate)			
ORAL	<input type="checkbox"/> very good <input type="checkbox"/> good <input type="checkbox"/> fair	WRITTEN	<input type="checkbox"/> very good <input type="checkbox"/> good <input type="checkbox"/> fair
CURRENT EMPLOYMENT DETAILS (give details) EMPLOYER'S NAME : EMPLOYER'S ADDRESS :			



PREVIOUS PATENT COURSES ATTENDED
KNOWLEDGE OF PATENT LAW AND HOW OBTAINED (include length of time exposed to patents)
WHY COURSE WOULD BE OF VALUE TO YOU
NAME AND ADDRESS OF SPONSOR (that is, of the person responsible for payment of registration fees)

Please return this form by **6th March 2009** to :

Mr. David Carmichael

Phillips Ormonde & Fitzpatrick
Level 23. 367 Collins Street,
Melbourne Victoria 3000
AUSTRALIA

Telephone: +61-3-9614 1944

Facsimile: +61-3-9614 1867

E-Mail: david.carmichael@pof.com.au

On acceptance to the Course, I

1. agree to attend both tutorial sessions and to complete all of the set assignments
2. agree to pay the registration fees of **US\$2,200.00**
(Do not send any money until you have been notified of acceptance to the Course).
3. understand that FICPI may at its sole discretion cancel my involvement in the course and return my registration fees.
4. agree to pay my travel and accommodation costs.

SIGNED _____

DATED _____