

LICENSING EXECUTIVES SOCIETY ČESKÁ REPUBLIKA

invites you to one-day conference

Current IP Legislation and Case-Law in Europe

on November 28th, 2012

in the CLARION Congress Hotel Prague****, Freyova 33, Praha 9, Czech Republic

PRELIMINARY PROGRAMME

09.00 - 09.30	Registration
09.30 - 12.00	Presentations
12.00 - 12.30	General Meeting of LES Czech Republic
12.00 - 13.30	Lunch
13.30 - 17.00	Presentations, Glass of Wine and Networking

COVERED COUNTRIES AND SPEAKERS

RUSSIA

Margarita Divina, Partner, Baker and McKenzie CIS, Ltd.

POLAND

Jakub Mrozowski, LL.M., Associate, LDS Lazewski Depo & Partners

SLOVAKIA

Jitka Mikulicova, Legal and Legislative Department, Industrial Property Office

HUNGARY

Mihaly Lantos, Partner, DANUBIA Patent & Law Office LLC

GERMANY

Dr. Joachim Feldges, Managing Partner, Field Fisher Waterhouse LLP

DENMARK

Eva Aaen Skovbo, Ph.d., LL.M., Head of Trade Marks & Designs, PATRADE A/S
Leif L.Nielsen, Partner, PATRADE A/S

CZECH REPUBLIC Lukas Lorenc, Partner, CERMAK a spol.

The conference will be held in English language. The organisers reserve the right to change the programme.



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Registration Form

<u>H</u>	ow	<u>To</u>	Reg	<u>ister:</u>
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Please send the registration form by: E-mail: info@les-czechrepublic.com

Fax: +420 224 218 645

Payment Details: Conference Fee:

LES ČR members: no fee

Members of other LES Chapters: 2800 CZK (approx. 112 EUR)

Non-members: early bird (before 15.11.2012) – 3000,- CZK (approx. 120 EUR)

after 15.11.2012 until 25.11.2012 – 3500,- CZK (approx. 140 EUR)

In order to confirm your registration, we will send you an invoice by e-mail.

Payment Method: Bank Transfer Bank Account Owner: LES ČR Bank: Komerční banka, a.s.

Bank Address: Václavské nám. 42, 110 00 Praha 1, CZ

Bank Account Number: 19-2784860277 (for payers from the Czech Republic)

Bank Code: 0100

IBAN: CZ29 0100 0000 1927 8486 0277 (for foreign payers)

SWIFT/BIC: KOMBCZPP

We are not VAT payer. Company ID Number of LES ČR: 67776396

Full payment must be received prior to the conference to confirm your registration.

Attendant Details:						
Name, Surname, Title:						
Organisation:						
Address:						
Company ID No.:		VAT No.:				
Tel:	Fax:		Email:			
LES Member: YES – NO (delete as appropriate)						
Date:		Signa	ature:			