



THE INSTITUTE OF LAW CLERKS OF ONTARIO

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FELLOWSHIP COURSE

The Institute of Law Clerks of Ontario "ILCO" is pleased to offer this Advanced Trademarks & Copyright Fellowship course to its members and to the legal community.

The course instructor is Catherine Douglas, Licensed Trademark Agent and practitioner.

Students will be evaluated on the basis of one final examination to be written at the ILCO Education Centre.

- Location** ILCO Education Centre 20 Adelaide Street East, Suite 503, Toronto
Distance Learning via Webcast is also available. **The exam must be written at the ILCO Education Centre.**
- Dates** Tuesday evenings commencing October 10, 2017 6:00 PM to 9:00 PM for 11 weeks of instruction.
Review class – Tuesday January 9, 2018
Exam date – Tuesday January 16, 2018- 6:00 PM. 15 minute exam preview, followed by 3 hour exam.
- Cost** **** Members \$675.00 Non-Members \$825.00 ****
- Refund Policy** Refunds will be decided on an individual basis, up to the end of the first class. All refund requests must be made in writing. Refunds are subject to a minimum \$75.00 administration fee.
- Policies** There is a minimum registrant requirement in order to run the course.
ILCO does not accept post-dated cheques.
Fellowship marks are mailed within 45 days of exam writing. Exams papers are the property of The Institute of Law Clerks of Ontario. All grades are final: there is no appeal process for Fellowship courses.

****Fees include course material (syllabus) and examination. ****

**Deadline to Register: Friday September 29, 2017.
Payment must be received to be registered.**



FELLOWSHIP COURSE - REGISTRATION FORM 2017 ADVANCED TRADEMARKS & COPYRIGHT

Tuesday October 10, 2017 to exam date of Tuesday, January 16, 2018

Payment using VISA/MasterCard may be faxed to 416-214-6255 or emailed to education@ilco.on.ca
ILCO does not accept post-dated cheques. Payment must be received to be registered for the course;
spaces cannot be held.

Name: _____
First Last

E-mail: _____

Mailing address: _____
street # street name apt. or unit #

City: _____ Province: _____ Postal Code: _____

Home Telephone: (_____) _____ Business Telephone: (_____) _____
area code area code

Webcast or in-class? _____ Are you an
ILCO member? Yes No _____

If so, please provide ILCO Membership #: _____

Member rate: \$675.00 (no HST) Non-member rate: \$825.00 (no HST)

If you wish to pay your registration fee by VISA/MasterCard, please complete and sign below: Please charge

\$_____ to my VISA/MasterCard (circle one) PLEASE PRINT CLEARLY

Card #: _____ CVC(on back): _____

Expiry date: _____

Name of Cardholder: _____

Cardholder's signature: _____

FOR OFFICE USE	
ONLY: Authorization _____	CC PC FC MO _____
	Receipt Number _____