Centre d'études internationales de la **propriété intellectuelle** | CEIPI
Center for International ***Intellectual Property*** *Studies*
Institut für internationale Studien des ***geistigen Eigentums***
Université de Strasbourg

Registration form

WIPO/CEIPI/INPI advanced certificate training program on intellectual property, technology transfer and licensing 1-6 June 2026

1. Participant

Title : ☐ Mr ☐ Mrs

Family name : .....

Firstname : .....

Private address : .....

Date of birth : .....

Phone number (optional): .....

Nationality : .....

Email : .....

Speciality : ☐ Chemistry ☐ Mechanics

Participant authorizes the CEIPI to include his/her name, employer and email address in the participants' list that will be shared to other participants Yes ☐ No ☐

Participant accepts to receive information per email about other trainings organized by the CEIPI Yes ☐ No ☐

Participant accepts to receive information per email about the Alumni association Yes ☐ No ☐

2. Employer of the participant

Name of company: .....

Address: .....

VAT-ID number **(mandatory)**: .....

3. Course

☐ WIPO/CEIPI/INPI advanced certificate training program on intellectual property, technology transfer and licensing*

Date of the course:

- From Monday 1st to Saturday 6th June 2026

Location of the course:

- On-site: CEIPI - Le CARDO building - 7, rue de l'Ecarlate F-67082 Strasbourg Cedex

Language of the course:

- English

*Please refer to the appendix available on our website for all further information about this training.

4. Terms of payment

- **Course fees**: 1500 euros

The tuition fees will be due on receipt of the invoice and paid by:

☐ the participant

Is the invoicing address the same as the one indicated under 1. Participant above? Yes ☐ No ☐

If NO, please specify the invoicing address:

.....

☐ the employer of the participant

Is the employer **referred to under 2. Employer** above the payer (same name and address)? Yes ☐ No ☐

Please add a letter, signed and stamped by your manager, confirming the invoicing address.

Please be advised that **without this letter, no enrolment will be valid!**

If NO, please indicate:

Name of the paying company: .....

Address: .....

VAT-ID number **(mandatory)**: .....

Email (to receive the invoice – as the case may be): .....

Please add a letter, signed and stamped, confirming the invoicing address of the paying company.

Please be advised that **without this letter, no enrolment will be valid!**

Will the invoice be subject to a purchase order number? Yes ☐ No ☐

If your company is working with purchase orders, please send it before the first course.

This form also has to be returned along with the « Information questionnaire » available on the page dedicated to this training on our website.

Please be informed that your enrolment will be valid only after the agreement that you will receive is returned and signed by all parties!

Please send the registration documents to the following email address: sylvie.kra@ceipi.edu

Registration deadline : 7 May 2026