

Asian Patent Attorneys Association (“APAA”)

SPONSORSHIP LETTER

1. An Observer must:
 - (i) hold professional qualifications which in the opinion of APAA Headquarters would entitle him/her to an APAA membership if the Observer was resident in the APAA region, or
 - (ii) be a practicing patent attorney or an attorney-at-law practicing IP matters in his/her own country, as determined by APAA Headquarters.
2. An Observer who does not have an Observer ID and wishes to attend the APAA conference is required to:
 - (i) Get an APAA Individual Member to provide this Sponsorship Letter. Organisation Members are not entitled to sponsor Observers.
 - (ii) Complete an online application at <https://apaaonline.org/membership/observers/> and upload this Sponsorship Letter, which must be named using the following naming convention: **[Name of Observer](country code)[application year]-[name of Sponsor](country code of Recognised Group)**.
For example: **Peter Parker (US) 2023 - Akira Sato (MY).pdf**;
 - (iii) Notify APAA of the application via email at: secretariat@apaa.asia and secretary_general@apaa.asia

OBSERVER DETAILS

Title: <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms			
First Name:		Family Name:	
Name of firm:			
Address:		City:	
Postal Code:		Country:	
Tel*:		Mobile*:	
Email address:			
Qualifications		<input type="checkbox"/> Patent Attorney <input type="checkbox"/> Attorney-at-law practicing IP matters <input type="checkbox"/> Others: (please give details of qualifications)	

Please turn over for Sponsorship Letter

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LETTER FROM SPONSOR

Dear Sirs,

I, the undersigned, being an APAA Individual Member whose particulars are set out below, wish to sponsor the Observer, whose particulars are set out on page 1.

I am aware that in accordance with the APAA Regulations, where an Individual Member sponsors an Observer at any meeting, the sponsoring member shall be responsible for the Observer at the meeting.

Title: <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms		Individual Member ID No.:	
First Name:		Family Name:	
Name of Firm:			
Address:		City:	
Postal Code:		Country:	
Tel*:		Mobile*:	
Email address:			

Yours sincerely

Signature of Sponsor

Date: