

Request to Notify an Event

www.iponz.govt.nz International: +64 3 962 2607

NATIONAL: 0508 4 IPONZ (0508 447 669)

۱/ We [request
that the	following event be	notifie	d under Section 9(2) of the	Patents Act 20)13 and Section 10(2) of
the Desi	igns Act 1953. We a	sk that	the official notice includes	oral presentat	ions.
Event D	etails:				
Event Name:					
	n: f venue / webpage online showcases)				
Address (Venue ad					
Date of	event:				
Opens / goes live:			(day)	(manth)	(voor)
Closes / webpage is pulled down:		(day)	(month)	(year) (year)	
Signed b	by:				
Name of event manager				Signature o	f event manager
Date: (d	day) (month) (ye	ear)	Event manager's email address	Even	nt manager's telephone number
•	your completed forr By email to mail@ig By post to PO Box 9 Wellington 6141, N By courier to 15 Sto	ponz.go 9241, M lew Zea	larion Square,		Office use only

New Zealand