



employer reservation form

Person Submitting Information: _____

Name of Employer: _____

Contact Person and Title: _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

E-mail address: _____

Primary practice area(s): _____

Number of attorneys in the office: _____

Size of Summer Program: _____
(if none, put one)

How many summer clerks will your office accept for next summer's program? _____

Please indicate other law firms (and the contact person) that may be interested in participating in next year's summer clerkship program. _____

Other comments: _____
