

**Penick Inn Mentor Registration Form**  
**Masters Willing to be a Mentor**

**Name:** \_\_\_\_\_

**Contact info (email & phone)**

\_\_\_\_\_

**Your practice is primarily:**

<input type="checkbox"/> Elder Law	<input type="checkbox"/> Estate Planning
<input type="checkbox"/> General Practice	<input type="checkbox"/> Probate Litigation
<input type="checkbox"/> Government	<input type="checkbox"/> Other (specify)

**Area(s)/topic(s)/activities in which you are willing to serve as a mentor (check all that apply):**

<input type="checkbox"/> Elder Abuse	<input type="checkbox"/> Probate/Trust Litigation
<input type="checkbox"/> Trust Administration	<input type="checkbox"/> Homestead Issues
<input type="checkbox"/> Small Firm Practice	<input type="checkbox"/> Guardianships
<input type="checkbox"/> Planning for long term care	<input type="checkbox"/> Estate Planning
<input type="checkbox"/> Trusts	<input type="checkbox"/> Government Benefits
<input type="checkbox"/> Advance Directives	<input type="checkbox"/> Medicaid

**Types of mentoring you are willing to provide:**

<input type="checkbox"/> in person	<input type="checkbox"/> phone meetings	
<input type="checkbox"/> practice management suggestions,	<input type="checkbox"/> references to applicable law	
<input type="checkbox"/> group mentoring session for (circle all that apply)		
<input type="checkbox"/> Breakfast	<input type="checkbox"/> lunch	<input type="checkbox"/> prior to an Inn meeting

**Circuits in which you practice:** \_\_\_\_\_

**Any limits on your mentoring:** \_\_\_\_\_

**Comments/Requests:** \_\_\_\_\_

Please return completed form to Rachel Drude [rdrud@brdwlaw.com](mailto:rdrud@brdwlaw.com)

The Achieving Excellence Committee, currently serving as the Mentoring Committee, will meet and match up the Masters and Associates for mentoring.