

**Penick Inn Mentor Registration Form  
Associates Seeking a Mentor**

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

**Contact info (phone and email):** \_\_\_\_\_

**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 on which you would like to have mentoring (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                 |

**What type of mentoring do you seek:**

- |                                                                              |                                                       |                                                  |
|------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------|
| <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 |

**Do you have any expertise with which you might share with your mentor (example-expertise in technology):** \_\_\_\_\_

**Types of mentoring you prefer:**

- |                                                                             |                                                       |                                                  |
|-----------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------|
| <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 (check all that apply) |                                                       |                                                  |
| <input type="checkbox"/> Breakfast                                          | <input type="checkbox"/> lunch                        | <input type="checkbox"/> prior to an Inn meeting |

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

**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.