

MENTORING PROGRAMS
REGISTRATION FORM FOR ASSOCIATES

NAME: _____

TELEPHONE: _____

E-MAIL: _____

YEAR OF LAW SCHOOL GRADUATION AND LAW SCHOOL NAME:

PRACTICE AREAS OF INTEREST (check as many as apply):

PATENT TRADEMARK COPYRIGHT LITIGATION PROSECUTION
 OTHER _____

MY IDEAL MENTOR WOULD HAVE THE FOLLOWING TYPE OF PRACTICE
(check as many as apply):

GENERAL PRACTICE FIRM INTELLECTUAL PROPERTY FIRM GOVERNMENT
 SOLO PRACTITIONER PUPIL LAW CLERK

MY IDEAL MENTOR WOULD HAVE EXPERIENCE IN:

OTHER COMMENTS/PREFERENCES: _____

Please return to:

Christopher Verdini
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E-MAIL: christopher.verdini@klgates.com