

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 by email to:

Christopher Verdini or Richard Graham
christopher.verdini@klgates.com
rgraham@reedsmith.com