



Federal Bar Association

Agency Visit Registration Form (Please Print or Type)

AGENCY NAME: _____

OFFICE NAME: _____

Summer Law Clerk Coordinator Information

NAME: _____

EMAIL: _____

PHONE: _____

FAX: _____

ADDRESS: _____

Please indicate the dates and times that you would prefer the law clerks to visit your agency. Visits may be scheduled for any day between **June 27 and August 5.**

	DATE	TIME (circle one)	MEETING ROOM
1 st choice		10 a.m./2 p.m.	
2 nd choice		10 a.m./2 p.m.	
3 rd choice		10 a.m./2 p.m.	

We will inform you of the total number of law clerks who signed up for your agency visit.

Please provide written directions to your agency including Metro stop, security information, and other necessary information for the law clerks.

Directions/Metro Information: _____

Security Requirements: _____

Other Notes: _____

Please return NO LATER THAN COB **Monday, June 6, 2016 to Marcellus Howard
via email: mhoward@fedbar.org or fax: 571-481-9090**