



SLR Client Information Request Form 2020 Virtual Presentation

CLIENT CONTACT INFORMATION

FULL NAME

TITLE

ORGANIZATION NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

WEBSITE

EMAIL ADDRESS

**Please email your headshot to Moira Skelley at mskelley@statelaw.org.*

SHORT DESCRIPTION OF ORGANIZATION:

SHORT BIO:

HOT ISSUES:

STATES WHERE YOU ARE LOOKING FOR REPRESENTATION OR HAVE ISSUES:

ANY OTHER INFORMATION SLR MEMBERS MAY FIND USEFUL ABOUT YOUR ORGANIZATION:

****Please return to Moira Skelley at mskelley@statelaw.org***