



## 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](mailto:mskelley@statelaw.org).*

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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:

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***\*Please return to Moira Skelley at [mskelley@statelaw.org](mailto:mskelley@statelaw.org)***