NLG-Mass Chapter Host a Clinic or Training

This request is for (check one) * □ Clinic □ Training (for law students of	only)		
First Name *		Last Name *	
Organization/School *			
Address *			
City *	State *		Zip Code *
Phone (work) *		Phone (cell)	
Email *			
What clinic(s) are you requesting? □ Consumer Protection/Bankruptcy Law		What training(s) are you requesting (for law students only)?	
□ Direct Action		☐ Consumer Protection/Bankruptcy Law	
☐ Housing Law		☐ Housing Law	
☐ Immigration Law		☐ Stop & Search	
☐ Legal Observer		□ Workers' Rights	
☐ Stop & Search			
☐ Workers' Rights			
Please describe the intended audience clinic/training:	e and/or a	ny specific le	gal needs you'd like us to address at th
Please suggest three (3) possible date notice. Each clinic or training is 2 hours.	es/times fo	or the clinic/tra	aining. We need at least two (2) weeks
Date 1 Date	Date 2		Date 3
Time(s)	(s)	7	Fime(s)

Please return this form via email to NLGMassDirector@nlgmass.org.

Or via mail to:

14 Beacon St., Suite 407 Boston, MA 02108

If you have any questions, please contact us at the email or postal address above or by phone at 617-227-7335.