MASSACHUSETTS LAW SCHOOL CONSORTIUM FALL 2015 NATIONAL RECRUITMENT PROGRAM REGISTRATION FORM

Employer Name:				
City:	State:	Zip Code:		
Contact Person:(Résumés will be mailed to this	Title:_	Er	mail:	
		Fax:		
Hiring Attorney:		Telephone:		
Website:				
Offices for which you will inter-	view (if other than above):			
INTERVIEWING EMPLO	YERS			
Preferred Interview Date(s): (Interviews will begin on Augus 10/5, 10/6, or 10/12)	st 12, 2015 and run through Octo	bber 23, 2015; interviews will N	NOT be held on 9/7, 9/14, 9/23,	
Interview Location Preference:	Suffolk Law School	Hotel		
Name(s) of interviewer(s):				
Number of interview rooms requ	uested: Times for inter	rviews: Begin at 9:00 a.m End at 5:00 p.m	Other time: Other time:	
Length of interviews:	20 minutes	30 minutes	Other	
Students to be interviewed:	2L (summer interns)	3L (Associates)	LL.M. Students	
Registration Fee enclosed (\$100	0.00): \$Please	make checks payable to: Mass	sachusetts Law School Consortium	
Special instructions (cover letter	r, writing sample, transcript, refe	rences, technical degree):		
RESUMES ONLY				
	AT THE PROGRAM, BUT WISH TO	RECEIVE RESUMES.		
Resumes from: 2L (summ	ner interns) 3L (Association and St. (Associat	ciates) LL.M. Studen	nts	
Resumes should be collected an	d SENT IN A GROUP by the la	aw schools by (date):		
Resumes should be sent DIREC	CTLY BY STUDENT by (date):	:		
Please return this completed for	• •	-	Operations	

120 Tremont Street, Boston, MA 02108-4977

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