

MASSACHUSETTS LAW SCHOOL CONSORTIUM

***NORTHERN NEW ENGLAND INTERVIEW PROGRAM IN BOSTON
THURSDAY, AUGUST 31, 2017
SUFFOLK UNIVERSITY LAW SCHOOL
REGISTRATION FORM***

Employer Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ **Title:** _____ **E-Mail:** _____
(Résumés will be emailed to this person)

Telephone: _____ Fax: _____

Internet Address: _____

Hiring Attorney: _____ Telephone: _____

Offices for which you will interview (if other than above): _____

INTERVIEWING EMPLOYERS

Names of interviewer(s): _____

Number of interview rooms requested: _____ Times for interviews: Begin at 9:00 a.m. _____ Other time: _____
End at 5:00 p.m. _____ 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 (\$100.00): \$ _____ Please make checks payable to: **Massachusetts Law School Consortium**

Special instructions (cover letter, writing sample, transcript, references, technical degree): _____

RESUMES ONLY

IF YOU DO NOT PLAN TO INTERVIEW AT THE PROGRAM, BUT WISH TO RECEIVE RESUMES:

Resumes from: 2L (summer interns) _____ 3L (Associates) _____ LL.M. Students _____

Resumes should be collected and sent in a group by the law schools by: (date) _____

Resumes should be sent **DIRECTLY BY STUDENT** by: date) _____

Please return this completed form by May 31, 2017 to:
Michelle Dobbins, Director for Recruitment and Operations
Office of Professional and Career Development
Suffolk University Law School
120 Tremont Street, Boston, MA 02108-4977
Tel: 617-305-1674 Fax: 617-573-8706
mdobbins@suffolk.edu