

THE VETERANS CONSORTIUM PRO BONO PROGRAM

Providing Judicial Representation to Veterans at the U.S. Court of Appeals for Veterans Claims

REGISTRATION FORM

COMPLETE, PRINT, AND FAX THIS FORM TO:

THE VETERANS CONSORTIUM PRO BONO PROGRAM

1600 K Street, NW, Suite 500

WASHINGTON, DC 20006-2833

FAX: 202-328-0063

EMAIL: probonoprogram@nvlsp.org

Name:	
Firm:	
Address1 (no P.O. Box):	
Address2 (no P.O. Box):	
City: State: ZIP:	
Phone / Fax	
Email:	

Type: Attorney Paralegal Student

Bar Number: **State:**
Bar Number: **State:**
Bar Number: **State:**

Have you ever attended a VCPBP training? YES NO

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Please register me for a training on: (check all that apply)

April 28, 2006 (Washington, DC)

November 17, 2006 (Washington, DC)

Check all that apply:

I agree to accept referral of one appeal before the U.S. Court of Appeals for Veterans Claims.

Send a training tape. I agree to accept referral of one appeal before the U.S. Court of Appeals for Veterans Claims. I understand that video-trained attorneys will receive cases much later than those who attend a live training.

Please keep me informed of additional trainings.

Please call me to discuss the program.