

Provider Law Firm - Associate Request for Appearance/Meeting

Please complete form and email to paqc@legalshieldcorp.com.

(Must have two weeks prior notice)

Date of Request _____ Date of Meeting _____

Associate Requesting Meeting _____

Associate Number _____ Call Back Phone # _____

Associate Email Address _____

Provider State Requested _____

Language Preference: English _____ Spanish _____

Attorney Requested (if applicable) _____

Meeting Location _____

Meeting Location Address _____

Meeting Start Time _____ am/pm End Time _____ am/pm

What Time Is The Attorney To Speak _____ Length Of Time To Speak _____

Estimated Number of People Attending _____

Will any potential members be at this meeting? Y _____ N _____

Will any potential associates be at this meeting? Y _____ N _____

(Disclaimer: Some restrictions may apply due to State Bar restrictions.)

Select type of meeting you want an attorney to attend:

Please circle below the type of event this will be:

 Training (Associates Only) Topic _____

 Rally (Associates & Potential Member/Associates) Topic _____

 Super Saturdays (Associates & Potential Member/Associates) Topic _____

 Business Briefing (Associates Only & Potential Member/Associates) Topic _____

 Will/Estate Planning

 Other (Explain Please) _____