

Name: _____

Firm or Organization: _____

Address: _____

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**Note: an email address is required for participation in OMLN.*

Jurisdiction(s) Where Admitted to Practice: _____

Foreign Language Proficiencies: _____

Type(s) of Matters Willing to Accept: Transactional and Counseling Litigation

Area(s) of Legal Experience: (Place an "x" by all that apply)

Access Issues (Access to Court and Government Meetings)	FOI (State or Federal)	Mergers & Acquisitions
Advertising and Sweepstakes	Freelancer and Independent Contractor Agreements	Newsgathering
Anonymous Speech	Insurance/Risk Management	Nonprofit Formation and Counseling
Business (For-Profit) Formation and Counseling	Intellectual Property – Copyright	Pre-publication Review
Commercial Litigation	Intellectual Property – Patent	Prior Restraints
Communications (FCC)	Intellectual Property – Trademark	Privacy Torts (Publicity, Private Facts, Intrusion, False Light)
Computer Crimes/Torts	Intellectual Property – Trade Secrets	Reporter Defense (Subpoenas, Shield Laws, Reporter Privilege)
Criminal	Licensing and Assignment Agreements	Terms of Use and Privacy Policies/Web Audit
Defamation (Libel or Slander)	Media Credentialing	

Other practice areas: _____

Please describe your relevant experience:

Check here if you do not want your participation in OMLN to be publicly disclosed.

How did you learn about the OMLN? _____

I certify that the above information is true and correct. I agree to keep OMLN informed of any changes in my attorney status, contact information, or practice areas.

Signature

Date

Please return this form to:

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