



SUFFOLK ACADEMY OF LAW

– The Educational Arm of the Suffolk County Bar Association –

COORDINATOR'S PUBLICITY FORM

Please supply the following information BEFORE the 15th of the month preceding your program:

TITLE OF PROGRAM _____¹

DATE _____ TIME _____

PROGRAM COORDINATOR(S) (please provide names and contact information, including phone and email):

MCLE CREDIT (please indicate the # of credits in each category):

___ Professional Practice (Substantive Law) ___ Skills ___ Ethics ___ Practice Management

INSTRUCTIONAL LEVEL ___ Beginner (suitable for transitional/newly admitted attorneys) ___ Intermediate
___ Advanced

FACULTY (please provide names and contact information, including phone and email):

PROGRAM FORMAT: (Lecture, panel presentation, interactive workshop, etc.)

PROGRAM DESCRIPTION: (Include instructional goals, how the program will aid the attendee in the practice of law, etc.)

****PLEASE ATTACH A TIMED OUTLINE INDICATING WHICH SPEAKERS WILL PRESENT ON EACH TOPIC**

___ WEBCAST THIS PROGRAM (Live, real time) ___ RECORD THIS PROGRAM (DVD, AUDIO)?

SPECIAL NOTES/CONSIDERATIONS? (special pricing, special location, etc.)

¹ ****If this program is a series, please complete a separate form for each program in the series**