



Clinic Information Form

Clinic: _____

Law School: _____

Contact Name: _____

Address: _____

Phone: _____

Email*: _____

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

Foreign Language Proficiencies: _____

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

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

Access Issues (Access to Court and Government Meetings)	Defamation (Libel or Slander)	Mergers & Acquisitions
Advertising and Sweepstakes	FOI (State or Federal)	Newsgathering
Anonymous Speech	Freelancer and Independent Contractor Agreements	Nonprofit Formation and Governance
Business and Corporate Formation	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's Privilege and Shield Laws
Corporate Filings	Licensing and Assignment Agreements	Terms of Use and Privacy Policies
Criminal	Media Credentialing	

Other practice areas: _____

Please describe your clinic's area of expertise: _____

Signature

Date

Please return this form using the "Submit" button above, or send it to:
Kimberley Isbell at kisbell@cyber.law.harvard.edu or fax to 617.495.7641
Berkman Center for Internet and Society, 23 Everett Street, Cambridge, MA 02138