



WOMEN LAWYERS OF FRANKLIN COUNTY  
**DINING CIRCLE APPLICATION 2011-12**

**Name:** \_\_\_\_\_

**Firm:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City / State / Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Years of practice:**  1-5  5-10  10-15  15-20  20-25  26+

**Please list areas of practice:** \_\_\_\_\_

**Please list areas of practice of other attorneys you would like to be in your group:**

**Would you be willing to be the coordinator/liaison\* of your group?**  Yes  No

*\*(Liaisons are responsible for scheduling the group meetings.)*

**Potential topics you would like to discuss at the meetings:**

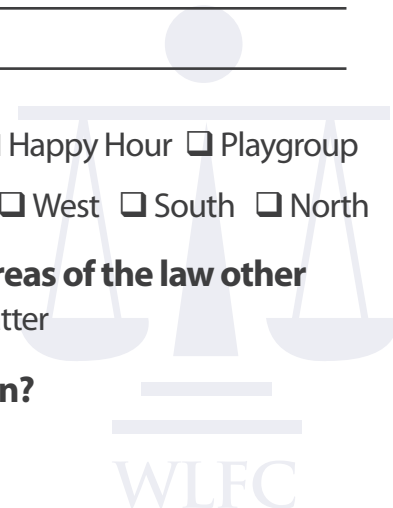
**When would you be interested in meeting?**  Breakfast  Lunch  Happy Hour  Playgroup

**Where would you be interested in meeting?**  Downtown  East  West  South  North

**Do you want to be placed in a group with attorneys practicing in areas of the law other than the areas in which you practice?**  Yes  No  Does not matter

**Do you want to remain with your group from the 2010-2011 season?**

Yes  No  Does not matter



**PLEASE RETURN THIS FORM BY OCTOBER 3 TO:**

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