

**CPBO CLINIC IN A BOX® PROGRAMS
2018 SCHEDULING REQUEST FORM**

Name of ACC Chapter or Legal Department: _____

Primary Contact Name: _____

Primary Contact Email Address: _____

Type of Clinic:

Select one: Full Service Limited Support Undecided

Select one: Legal Audit* Select Topic Undecided

** Legal Audit clinics must be co-hosted with a legal services organization (not a public interest organization).*

Indicate Dates of Interest (select more than one and indicate priority in the additional information column):

	Tuesday	Wednesday	Thursday	Friday	Additional Information**
March	13	14	15	16	
	20	21	22	23	
	27	28	29	30	
April	3	4	5	6	
	10	11	12	13	
	17	18	19	20	
	24	25	26	27	
May	1	2	3	4	
	8	9	10	11	
	15	16	17	18	
	22	23	24	25	
	29	30	31		
June	5	6	7	8	
	12	13	14	15	
	19	20	21	22	
July			19	20	

	Tuesday	Wednesday	Thursday	Friday	Additional Information**
	24	25	26	27	
	31				
August		1	2	3	
	7	8	9	10	
	14	15	16	17	
	21	22	23	24	
	28	29	30	31	
September	11	12	13	14	
	18	19	20	21	
October	30	31			
November			1	2	
	6	7	8	9	
	13	14	15	16	
December	4	5	6	7	
	11	12	13	14	
	18	19	20	21	

** Please let us know if there is a specific reason for the date you select, such as an all-hands department meeting.

To reserve a date, the following is required:

- ❖ a signed CPBO form license agreement, which includes a restriction on distribution and transfer;
- ❖ paid licensing fee; and
- ❖ confirmed co-hosts (law firm and legal services or public interest organization).

Developed by Corporate Pro Bono
A global pro bono partnership of [Pro Bono Institute](http://www.probonoinst.org) and the [Association of Corporate Counsel](http://www.cpbo.org)
www.cpbo.org

Copyright 2017 Pro Bono Institute
CPBO® is a registered trademark of the Pro Bono Institute