

RISING STARS PROGRAM SUBMISSION FORM

CONTACT INFORMATION

Name:		
Employer:	Position:	
Employer address:	How long?	
City:	State:	Zip Code:
Phone:	E-mail:	Fax:

Areas of Practice:

EDUCATION

Name of Law School:	
Name of Undergraduate School:	Major:

PENNSYLVANIA BAR ASSOCIATION ACTIVITIES

Committee/Section:	Member Since:
Positions Held:	
Committee/Section:	Member Since:
Positions Held:	
Committee/Section:	Member Since:
Positions Held:	

OTHER BAR AFFILIATIONS

Organization:	Positions Held:
Organization:	Positions Held:
Organization:	Positions Held:

BRIEF BIOGRAPHY INCLUDING SPECIAL ACHIEVEMENTS, AWARDS, WORK HISTORY

Please return completed forms to Louann Bell via e-mail at Louann.Bell@pabar.org
or via FAX to (717) 238-7182.