



**B. Contact Information**

**President or Head of Institution:**

Name:

Title:

Telephone:

Ext.:

Email:

**Senior Program Administrator (if applicable):**

Name:

Title:

Telephone:

Ext.:

Email:

**Program Coordinator:**

Name:

Title:

Law Society Number:

Telephone:

Ext.:

Email:

Law Society correspondence shall be directed to the Program Coordinator. Please indicate if the Senior Program Administrator should be copied on these: Yes                      No

Submitted by:

Position/Title:

Signature: \_\_\_\_\_ Date submitted: \_\_\_\_\_