

**ASSOCIATION OF THE BAR OF THE CITY OF NEW YORK  
COMMITTEE ON RECRUITMENT AND RETENTION OF LAWYERS  
MINORITY FELLOWSHIP PROGRAM  
SUMMER 2006 FELLOWSHIP EMPLOYER PARTICIPANT FORM**

Yes, my firm/organization will participate in the Summer 2006 Minority Fellowship Program.

Name of Firm/Organization:

---

Contact Person (please include address, phone, fax and e-mail):

---

---

Number of fellows:

---

Anticipated dates of your summer program:

---

Location of your summer program:

---

Additional Comments:

---

Please send the completed form to Sheila S. Boston, Chair, Committee on Recruitment and Retention of Lawyers, Minority Fellowship Program, by facsimile (212) 836-7153 or e-mail sboston@kayescholer.com

Thank you for your interest and support of this program!