



Indiana Trial Lawyers Association
Leadership is Service
Information Form

Your Name: _____

Your Contact Information:

Firm Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

I wish to Recognize (this *may* be yourself): _____

Contact Information:

Firm Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Why Should This Person Be Recognized?

Please submit this form to the ITLA office via fax at: 317-634-4898

Indiana Trial Lawyers Association

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www.indianatriallawyers.org