

**NOMINATION QUESTIONNAIRE for IICLE BOARD of DIRECTORS
Board Development Committee**

NAME

ARDC #

BUSINESS NAME AND ADDRESS

NUMBER OF ATTORNEYS IN BUSINESS

AREA OF PRACTICE

YEARS OF PRACTICE

GENDER (*optional*)

ETHNICITY (*optional*)

White

African American

Hispanic

Asian or Pacific Islander

American Indian/Native American/Alaskan Native

Other

DATE OF BIRTH (*optional*)

DISABILITY OR PHYSICAL CHALLENGE (*optional*)

LAW SCHOOL

BAR ADMISSIONS

State

Date of Admission to Practice

State

Date of Admission to Practice

MEMBERSHIP ON OTHER NOT-FOR-PROFIT BOARDS OF DIRECTORS

PRIOR WORK (speaking/writing) FOR IICLE

PLEASE ALSO SUBMIT A CURRENT RESUME.

The information concerning age, ethnicity, gender, race, and disability is being collected solely in a voluntary manner and will have no impact upon your selection or retention as a member of the Board of Directors. You may decline to indicate this information if you wish. This information might be disclosed to third parties at the direction of the chairman of the Board of Directors.

Return Form to:

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