



Case Evaluation Clinic Registration Form

This form must be received no later than 10 days before the clinic.

Name: _____

State Bar Number: _____

Phone : _____ Fax: _____

Email Address: _____

Name of Case: _____

Type of Case - Please check one:

Title VII, ADA, EPA Type: _____

Whistleblower Type: _____

FLSA/FMLA/Wage Payment Type: _____

USERRA Type: _____

Common Law DC/MDNA Type: _____

Other Type: _____

Registration Fee

_____ \$95.00- 55 Minute Evaluation for MWELA Member

_____ \$195.00- 55 Minute Evaluation for non-MWELA Member

_____ check enclosed (payable to MWELA) or charge to _____ Visa/MC _____ AMEX

Card Number _____ Security Code _____ ExpDate _____

Once your registration has been received and payment processed, you will receive additional forms that must be completed so that evaluators can begin to review the details of your case.

Return this form to MWELA via fax at 703-683-5480 or email to info@mwela.org

Questions? Call 703-778-4648 or email info@mwela.org