LEGAL SERVICES CORPORATION GRANTS COMPETITION APPLICANT INFORMATIONAL SESSION REGISTRATION FORM

(Participant's Name)	(Participant's Telephone Number) Include Area Code
(Participant's Title)	(Participant's FAX Number) Include Area Code
	(Participant's E-Mail Address)
Program Name	
Clearly print your questions pertaini	ng to the Grants Competition in the space provided below.
clearly print your questions pertain	ing to the Grants Competition in the space provided below.
Question # 1:	
Question # 2:	
Question # 2.	
Question # 3:	
Question # 4:	
Question # 5:	

Fax your questions to LSC at 202-337-6813 by May 3, 2004.

Instructions for participating in the informational session will be made available upon receipt of the registration form.