

ENTREPRENEURSHIP AND COMMUNITY DEVELOPMENT CLINIC

CLINIC ADVISOR SIGN-UP FORM

Name: _____

Business/Firm Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

PLEASE PLACE AN "X" IN THE APPROPRIATE BOXES BELOW TO INDICATE THE TYPES OF ASSISTANCE YOU ARE WILLING TO OFFER TO THE ECDC IN THE DESIGNATED PRACTICE AREAS. PLEASE SUBMIT COMPLETED FORM TO LEW GOLDFARB, DIRECTOR, ENTREPRENEURSHIP AND COMMUNITY DEVELOPMENT CLINIC, UNIVERSITY OF CINCINNATI COLLEGE OF LAW, PO BOX 210040, CINCINNATI, OHIO 45221-0040. Tel: 513-556-1092 Fax: 513-556-1236 Email: lewis.goldfarb@uc.edu

| <u>PRACTICE AREAS</u> | <u>CONSULT</u> | <u>SUPERVISE SELECTED PROJECTS</u> | <u>CLASSROOM TEACH</u> | <u>REFERRAL SOURCE ON PRO BONO OR DISCOUNTED FEE BASIS</u> |
|--|-----------------------|---|-------------------------------|---|
| ENTITY FORMATION | | | | |
| CORPORATE GOVERN. | | | | |
| LEASE REVIEW | | | | |
| TRADEMARK ADVICE/REGISTRATION | | | | |
| COPYRIGHT ADVICE/REGISTRATION | | | | |
| PATENT ADVICE | | | | |
| PATENT APPLICATION | | | | |
| CONTRACT DRAFTING: Services Agreement | | | | |
| Purchase/Sale of Goods | | | | |
| Software License | | | | |
| IP License | | | | |
| Operating Agreement | | | | |
| Partnership Agreement | | | | |
| Shareholder Agreement | | | | |
| Website T's & C's | | | | |
| Sale/Acq. of Business | | | | |
| Confidentiality Agt. | | | | |
| Employment Agt. | | | | |
| Liability Waiver | | | | |
| FEDERAL INC. TAX | | | | |
| STATE/LOCAL INC. TAX | | | | |
| PROPERTY TAX | | | | |
| NON-PROFIT LAW & TAX-EXEMPT APPS. | | | | |
| LEGAL ETHICS | | | | |
| REAL ESTATE TRANS. | | | | |
| BANKRUPTCY | | | | |
| FRANCHISING | | | | |
| BUS. SUCCESSION PLANNING | | | | |
| SECURITIES LAW | | | | |
| EMPLOYMENT LAW: Drafting Policies | | | | |
| Emp. vs. Ind. Contract. | | | | |
| Hiring/firing advice | | | | |
| OPPS. FOR WOMEN & MINORITY OWNERS | | | | |
| REVIEW LOAN DOCS | | | | |
| OTHER (SPECIFY): | | | | |
| | | | | |