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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration August 13, 20

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant Name McDermott, Will & Emery

Address 600 13th Street, NW

City Washington

State DC

Zip 20005-3096

4. Principal place of business (if different from line 3)

City _____

State/Zip (or Country) _____

5. Telephone number and contact name

(202) 756-8024

Contact Karen Sealander

E-mail (optional) _____

6. General description of registrant's business or activities

Law Firm

CLIENT *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should box labeled "Self" and proceed to line 10.* *Self*

7. Client Name Northwestern Memorial Prentice Women's Hospital

Address 333 East Superior Street

City Chicago

State IL

Zip 60611

8. Principal place of business (if different from line 7)

City _____

State/Zip (or Country) _____

9. General description of client's business or activities

Hospital

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for the client, *state the executive and/or legislative posit. which the person served.*

Name	Covered Official Position (if applicable)
Karen S. Sealander, Counsel	
Maggie A. Mitchell, Associate Legislative Director	

Registrant Name McDermott, Will & Emery

Client Name Northwestern Memorial Prentice Women's

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form page 1.

MMM HCR _____

12. Specific lobbying issues (current and anticipated)
Access to high risk obstetrial and neonatal services

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the reg semiannuual period **and** in whole or in major part plans, supervises or controls the registrant's lobbying activitie

No ⇒ Go to line 14.

Yes ↓ Complete the rest of this section for each entity matching above, then proceed to line 14.

Name	Address	Principal Place of Busi (city and state or count

FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **or**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or activities of the client or any organization identified on line 13; **or**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outco lobbying activity?

No ⇒ Sign and date the registration.

Yes ↓ Complete the rest of this section for e matching the criteria above, then sign ar registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Own perce c

Signature Karen S. Sealander

Date August 12, 2002

Printed Name and Title Karen S. Sealander, Counsel

