

Attorney Affirmation

Program Format (select one)		VERIFICATION CODE:
O Teleconference	O CD-ROM	During the program you will see and/or hear a verification
○ Webconference	O DVD	code. This code(s) is required to received CLE credit for this program. Depending on the length of the program there may
○ Videoconference	O Audio File	be multiple codes. Please enter the correct code(s) below:
O Audiotape	○ Online	*
O Videotape	○ Live Broadcast	Code #1: Code #2:
O CD	O Other (Please Describe)	Code #3: Code #4:
I,(signature)	, certify that I have participate	ed in the course below <u>in its entirety</u> . Therefore, I request
that I be awarded the applicable number of CLE credits granted by for this course.		
inat i so analaoa ino appilo		(CLE jurisdiction)
Program Title:		
Program Location:		
Location of Attendance: (if different than program location)		
Date:	T	ime:
Name:	(mint) E	mail:
Date of Bar Admission: (New York attorneys only)		
- Note to New York attorneys: experienced attorneys (attorneys who have been admitted to the New York Bar for		

greater than 2 years) may earn CLE credit through non-traditional formats. Newly admitted attorneys may earn CLE credit through non-traditional formats, with the exception of the "Skills" category.

Please return this form to ClientCLE@hoganlovells.com within 5 days of the program.