

CLE CREDIT FOR NON TRADITIONAL FORMAT COURSE

Sponsor Name: _____

Program Name: _____

Course ID #: _____

Program Date/Time: _____

Program Format: _____

CLE CODE WORDS will be announced approximately every half hour during the webinar.
IMPORTANT: Participants must enter these code words in the fields below. If you do not include the webinar codes, you will not be awarded CLE credit.

Code #1:	Code #2:	Code #3:
Code#4:	Code#5:	Code#6:

I hereby acknowledge receipt of the course materials for the above program.

I certify that I have listened to and/or viewed the above course in its entirety and therefore request that I be awarded the applicable number of CLE Credits for this course.

Attorney Name:
Please print clearly _____

State and Bar ID:
ie NY, 1234567 _____

Attorney Signature: _____

Date of Completion: _____

TO REQUEST CLE CREDIT:

Return your completed form, along with your event sign-in sheet, by email to wglo@eventsmgt.com immediately following the webinar.