

SIGN-IN SHEET (UNIFORM)

All information must be provided to receive CLE credit. Please print legibly.

SPONSOR: _____

WEBINAR TITLE: _____

DATE: _____ COURSE ID #: _____

LOCATION: _____

Name, City, State and Signature (Required)	Bar/License State(s)	Bar/License No(s)
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City, State _____	_____	_____
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