

## **Attorney Affirmation**

<b>Program Format</b> (sele	ct one)	VERIFICATION	CODE.	
<ul><li>Teleconference</li><li>Webconference</li><li>Videoconference</li><li>Audiotape</li></ul>	O CD-ROM O DVD O Audio File O Online	During the program code. This code(s) is program. Depending be multiple codes. P	you will see and/or hear a verification required to received CLE credit for thi g on the length of the program there may lease enter the correct code(s) below:	is y
○ Videotape	O Live Broadcast		Code #2:	
O CD	O Other(Please Describe)	Code #3:	Code #4:	_
I,(signature)	, certify that I have part	ticipated in the course bel	ow <u>in its entirety</u> . Therefore, I reque	est
			(CLE jurisdiction) for this cour	
Program Location:				
Location of Attendand (if different than program location)	ce:			
		Time:		
Name:	(print)			
Date of Bar Admission	n:			

— 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 30 days of the program date.