

for this course.

Attorney Affirmation

Program Format (select one)		VERIFICATION CODE:
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I,	, certify that I have participated in the course below in its entirety. Therefore, I request
(signature)	

that I be awarded the applicable number of CLE credits granted by __________(CLE jurisdiction)

Program Title: M&A Boot Camp: Live midterm webcast

Program Location: Live webcast or on-demand recording

Location of Attendance: (if different than program location)		
Date:		Time:
Name:		Email:
	(print)	
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.

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