



CONTINUING EDUCATION PROGRAM
ATTENDEE AFFIRMATION
CREDIT FOR NONTRADITIONAL FORMAT COURSE

I, _____, acknowledge receipt of the course materials for:
(please print name)

I certify that I have participated in the above course in its entirety. Therefore, I request that I be awarded the applicable number of credits for this course.

Jurisdictions (check all applicable)

California – State Bar # _____

Colorado – State Bar # _____

Illinois – ARDC # _____

New York – State Bar # _____

Texas – State Bar # _____

Virginia – State Bar # _____

Washington – State Bar# _____

SHRM _____

HRCI _____

Other _____

COURSE CODE: _____

During the course or program, you will see and/or hear a code announced. Please enter the code in the above field. If you do not include the code, you will not be eligible for credit.

Format

Simultaneous Webcast

Cooley LLP, 3 Embarcadero Center, 20th Floor, San Francisco, CA 94111-4004

Signature of Attorney

E-mail Address of Attorney

Date of completion of CLE course

- Please return the completed form to mcleclembx@cooley.com no later than three days after the course.
- **NY lawyers: The NY CLE rules require forms to be returned immediately after the program.**
- Cooley LLP is an Accredited CLE provider in CA, IL, NY and TX.
- Credit in other jurisdictions may be available upon request. For attorneys requesting credit not listed above, please include the jurisdiction and your state bar number.

When complete, please click Submit Form or return this form to MCLECLEMBX@COOLEY.COM



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EVALUATION FORM

PROGRAM: _____

SPEAKERS: _____

Evaluate this course by checking the appropriate box.

1. **Program Content:**

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ N/A

2. **Instructor Quality:**

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ N/A

3. **Written Materials:**

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ N/A

4. **Facility:**

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ N/A

5. **Effectiveness of Technology:**

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ N/A

ADDITIONAL COMMENTS:

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