

Attorney Affirmation

Hogan
Lovells

Program Format (select one)

- | | |
|---------------------------------------|--|
| <input type="radio"/> Teleconference | <input type="radio"/> CD-ROM |
| <input type="radio"/> Webconference | <input type="radio"/> DVD |
| <input type="radio"/> Videoconference | <input type="radio"/> Audio File |
| <input type="radio"/> Audiotape | <input type="radio"/> Online |
| <input type="radio"/> Videotape | <input type="radio"/> Live Broadcast |
| <input type="radio"/> CD | <input type="radio"/> Other _____
(Please Describe) |

VERIFICATION CODE:

During the program you will see and/or hear a verification code. This code(s) is required to received CLE credit for this program. Depending on the length of the program there may be multiple codes. Please enter the correct code(s) below:

Code #1: _____ Code #2: _____

Code #3: _____ Code #4: _____

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 _____ for this course.
(CLE jurisdiction)

Program Title: _____

Program Location: _____

Location of Attendance: _____
(if different than program location)

Date Viewed: _____ **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.

Please return this form to ClientCLE@hoganlovells.com within 30 days of the program date.

Questions? Please contact Ken Townsend at +1 502 915 0250 or kenneth.townsend@hoganlovells.com or ClientCLE@hoganlovells.com.