

Payment Form for Continuing Legal Education Credits

Subject Matter: "Certificates of Insurance: Critical Coverage
Issues You Need to Know" (2234)
Credits will not be processed until payment is received.

Number of attendees requesting CLE Credits:

_____ attendees requesting CLE credits @ \$65 each = \$
TOTAL DUE.

Main Registrant:

Name: _____

Firm: _____

Address: _____

PAYMENT OPTIONS:

Payment Enclosed. *My check or credit card authorization is enclosed. Make check payable to National Constitution Center Conferences or check for credit card below:*

MC VISA AMEX Discover

Credit Card #: _____

Expiration Date: _____

Signature: _____

Billing Address: _____

EASY WAYS TO PAY

by Telephone:



1-800-859-8676

by FAX:



215-689-3435

by Mail:



National Constitution Center Conferences
384 Technology Drive
Malvern, PA 19355

by E-mail:



dchellel@constitutionconferences.com



Official Record of Attendance For Continuing Legal Education Credits

Provider: National Constitution Center Conferences,
370 Technology Drive, Malvern, PA, 19355

Date and Time of Activity: October 13, 2009, 1-2 PM ET

Location: Audio Conference

Subject Matter: Certificates of Insurance: Critical Coverage Issues You Need to Know
(2234)

Length of Presentation: 60 minutes, including 15 min. Q&A

*Credits awarded will vary state-by-state. We will inform participants of any additional requirements and the number of credits awarded, upon approval of the program by your state.
Please make copies of this page for list any additional attendees.*

IF MULTIPLE ATTORNEYS ARE REQUESTING CLE CREDIT AND ATTENDED THE AUDIO CONFERENCE ON A SINGLE TELEPHONE CONNECTION, PLEASE HAVE AN INDEPENDENT THIRD PARTY (EX: SECRETARY, PARALEGAL OR NON-PARTICIPATING ATTORNEY) VERIFY ATTENDANCE BY SIGNING BELOW:

Attention PA Attorneys: In order to receive CLE credit for audio conferences only one attorney can listen to the conference per phone line.

NAME TITLE EMAIL

COURSE CODE: _____
During the course or program you will see and/or hear a CLE code. Please enter the code in the above field. If you do not include the code, you will not be awarded CLE credit.

Name of Attendee	Practice Area	State Bar ID#	Firm Name	Address	E-mail	Telephone	Signature of Attendee

Your signature is your attestation that you attended the entire audio conference.

