

# Payment Form for Continuing Legal Education Credits

Subject Matter: "Planning for Incapacity: Advanced Tools for Estate Planners" (2301)

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:** \_\_\_\_\_

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**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:** November 11, 2009, 1-2 PM ET

**Location:** Audio Conference

**Subject Matter:** Planning for Incapacity: Advanced Tools for Estate Planners (2301)

**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.*

