

CLE course evaluation and affirmation

CLE form submission

After you have completed this form, please save the PDF file and email it to the Davis Polk CLE team at cle@davispolk.com.

Conference provider: **Davis Polk & Wardwell LLP**

Program title: _____

Presenters: _____

Date: _____ Start time: _____ End time _____

Please rate the following:	(High)		(Low)	
The presenters made the subject matter accessible.	4	3	2	1
The related materials were relevant and contributed to the success of the program.	4	3	2	1
The format helped make the subject matter accessible.	4	3	2	1
Overall, I would recommend this program.	4	3	2	1

Please provide any other comments or suggestions about this program.

What other legal and/or business topics would you like to see covered in future Davis Polk programs?

CLE programs

Affirmation of completion

Must be completed for course formats other than live classroom.

I, _____ hereby affirm that I have watched/listened
(Print name) (Email address)

to _____, in its entirety on _____.
(title of program) (date of completion)

Bar ID number: _____ State: _____ If other please indicate here _____

The 3-digit affirmation code(s) for this program is / are: _____

Signature

Seeking California MCLE credit? Please return this form within 60 days of your attendance date. Credit cannot be issued for California MCLE requests received after this timeframe.