DavisPolk Affirmation of completion

Course provider: Davis Polk & Wardwell LLP

 Program title:

 Presenters:

 Date:
 Start time:

 Date:
 End time:

 Course format:
 Webinar / Live videoconference (VCN)

 Online recording

 Affirmation of completion

 Must be completed for course formats other than live classroom.

 I,
 hereby affirm that I have watched/listened (print name)

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	(print name)	(email address)	
to	(title of prog	ram)	, in its entirety on (date of completion)
Bar ID num	iber:	State:	If other, please indicate here
The affirmation code(s) for this program is / are:			
Signature			

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