

Official Record of Attendance for NEW YORK Continuing Legal Education Credits (CLE)

Submission of this form and payment are required in order to obtain credit processing

Provider: Strafford, 590 Dutch Valley Rd. NE, PO Box 13729, Atlanta, GA 30324-0729

Conference Title: *Avoiding Antitrust Liability in Establishing Joint Ventures*

Date: February 5, 2009

Duration: 1:00 PM to 2:30 PM, Eastern Time

PLEASE PRINT

Name	John Smith	<p>CLE PROCESSING PAYMENT OPTIONS (X ONE): (note: program registration does not include payment for optional CLE processing)</p> <p>CLE processing for this program is provided at \$65.00 per person, per state.</p> <p><input checked="" type="checkbox"/> Payment already made upon registration</p> <p><input type="checkbox"/> Check (make payable to Strafford)</p> <p><input type="checkbox"/> Credit Card Select Type: <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Am Exp <input type="checkbox"/> Disc</p> <p>Account No: _____</p> <p>Exp. Date: _____</p> <p>Billing Address: _____</p> <p>_____</p> <p>Signature: _____</p>
Company Name	Smith & Jones	
Address	123 Main St., Anywhere, USA 99999	
Email	jsmith@smithjones.com	
Phone	999-999-9992	
CLE Code*	TLQDDA	
Signature	SIGNATURE REQUIRED	

Your signature above is your attestation that you listened to the entire teleconference

*The CLE Code was announced during the program and must be included in order for you to receive your CLE credits

MAIN REGISTRANT:

Name: **Robert Jones**
 Firm Name: **Smith & Jones**

RETURN FORM WITHIN 7 DAYS:

FAX: 678-399-2970
 EMAIL: CLE@straffordpub.com
 MAIL: Strafford, P.O Box 13729 Atlanta, GA 30324

listening time: _____