

Submission of this form and payment are required in order for Strafford to process your credit

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

**Date:**

**Conference Title:**

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

**PLEASE PRINT**

<b>Name of Attendee</b>		<p><b>Program registration does not include payment for CLE processing.</b>                  CLE credit processing is \$65 per person per state requested. Unless completed below, we will bill the main registrant for all attendees requesting CLE credit processing.</p> <p><input type="checkbox"/> CLE payment was made upon registration    <input type="checkbox"/> CLE payment information is below</p> <hr/> <p><b>CLE PROCESSING PAYMENT OPTIONS (CHECK ONE):</b></p> <p><input type="checkbox"/> Check (make payable to Strafford)</p> <p>Credit Card:   <input type="checkbox"/> MC   <input type="checkbox"/> Visa   <input type="checkbox"/> AMEX   <input type="checkbox"/> Discover</p> <p>Account No: _____</p> <p>Exp. Date: _____</p> <p>Billing Address: _____</p> <p>_____</p> <p><b>Signature:</b> _____</p>
<b>Firm Name</b>		
<b>Email Address to Send Certificate</b>		
<b>Bar ID#</b>		
<b>CLE Code*</b>		
<b>Signature</b>	<p>Please sign here</p> <p>Your signature above is your attestation that you listened to the entire seminar. If you attended for partial time, please indicate.</p>	

**\*The CLE Code was announced by the moderator during the program.**

**MAIN REGISTRANT:**

Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Firm Address: \_\_\_\_\_

**PLEASE RETURN FORM WITHIN 7 DAYS:**

FAX: 678-399-2970

EMAIL: CLE@straffordpub.com

MAIL: Strafford, P.O Box 13729 Atlanta, GA 30324

<p><b>OFFICE USE ONLY</b></p> <p>Listening time:</p>
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