

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 2:50 PM, Eastern Time

PLEASE PRINT

Name of Attendee		<p>Program registration does not include payment for CLE processing. CLE credit processing is \$5 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>CLE PROCESSING PAYMENT OPTIONS (CHECK ONE):</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>Signature: _____</p>
Firm Name		
Email Address to Send Certificate		
Bar ID#		
CLE Code*		
Signature	<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>OFFICE USE ONLY</p> <p>Listening time: _____</p>
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