

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

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: February 9, 2010

Conference Title: Structuring Physician Practice Acquisitions

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

PLEASE PRINT

Name		<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 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		
Address		
Email		
Phone		
CLE Code*		
Signature	Your signature above is your attestation that you listened to the entire seminar	

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

MAIN REGISTRANT:

Name: _____

Firm Name: _____

RETURN FORM WITHIN 7 DAYS:

FAX: 404-935-0749

EMAIL: CLE@straffordpub.com

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

listening time:
