

**Official Record of Attendance for PENNSYLVANIA 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**

<b>Name</b>		<p><b>CLE PROCESSING PAYMENT OPTIONS (X ONE):</b> (note: program registration does not include payment for optional CLE processing)</p> <p><b>CLE processing for this program is provided at \$65.00 per person, per state.</b></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><b>Signature:</b> _____</p>
<b>Company Name</b>		
<b>Address</b>		
<b>Email</b>		
<b>Phone</b>		
<b>Bar ID#</b>		
<b>Signature</b>	<p>Your signature above is your attestation that you listened to the entire seminar</p>	

**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

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