

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

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

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

**Date:** February 24, 2010

**Conference Title:** ICANN's New Generic Top Level Domains

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

**MAIN REGISTRANT:**

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

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

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

\_\_\_\_\_

**RETURN FORM WITHIN 7 DAYS:**

FAX: 404-935-0749

EMAIL: CLE@straffordpub.com

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

**CLE PROCESSING PAYMENT OPTIONS (X ONE):**

(note: program registration does not include payment for optional CLE processing)  
 CLE credit processing is provided at \$65.00 per person per state requested. We will bill main registrant for this program for all attendees requesting CLE credit processing.

CLE credit processing for this program @ \$65 per person, per state = \$ \_\_\_\_\_ (Amount Due)

Payment already made upon registration

Check (make payable to Strafford)

Credit Card Select Type:  MC  Visa  Am Exp  Disc

Account No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_

- CLE is not available for Delaware, Indiana, Kansas, Ohio, Puerto Rico, and for NY attorneys admitted within the last 2 years.
- We will inform participants of the number of credits awarded, upon approval of the program by your state(s)
- Approval times for credits vary by state.

**PLEASE PRINT**

| NAME | CLE STATE REQUESTED | STATE BAR ID | EMAIL ADDRESS | PHONE # | SIGNATURE   |
|------|---------------------|--------------|---------------|---------|---|
| 1.   | State 1             |              |               |         | Your signature above is your attestation that you listened to the entire seminar. |
|      | State 2             |              |               |         |   |
| 2.   | State 1             |              |               |         | Your signature above is your attestation that you listened to the entire seminar. |
|      | State 2             |              |               |         |   |
| 3.   | State 1             |              |               |         | Your signature above is your attestation that you listened to the entire seminar. |
|      | State 2             |              |               |         |   |
| 4.   | State 1             |              |               |         | Your signature above is your attestation that you listened to the entire seminar. |
|      | State 2             |              |               |         |   |
| 5.   | State 1             |              |               |         | Your signature above is your attestation that you listened to the entire seminar. |
|      | State 2             |              |               |         |   |

Please make copies of this page to list any additional attendees

**PBE**

listening time \*