

## CLE REMOTE ATTENDANCE AFFIDAVIT

TO BE COMPLETED BY ATTORNEYS PARTICIPATING IN THE COURSE REMOTELY NOT IN THE CONFERENCE ROOM

**Program Title:**

**CLE Provider:** Greenberg Traurig

**Format  
(check one):**

Webinar

**Program Date:**

Telephone

During the course you will see and/or hear a CLE code. Please enter the code in the below field. If you do not include the code, you will not be awarded CLE credit.

Phone Number

(Required if you participated by phone only.  
Provide the number you used to dial in.)

**CLE Code:**

By signing below, I certify that I have participated in the course as described above in its entirety. Therefore, I request that I be awarded the applicable number of CLE credits for this course.

**Name:**

**Signature:**

**E-mail:**

**State Bar  
and License #:**

(Provide your e-mail address to receive your CLE Certificate.)

**RETURN THE COMPLETED AFFIDAVIT TO [HOFFMAN\\_RSVP@GTLAW.COM](mailto:HOFFMAN_RSVP@GTLAW.COM)**