



ATTORNEY CLE FORM

NOTE: It is suggested that CERTIFICATES be emailed to mary.mccann@clla.org at the conclusion of the event. **It is your responsibility to make sure that the CLLA office receives your certificate no later than Friday, September 22, 2023.**

Name: _____

Firm/Agency: _____

Business Address: _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

State(s) of Bar Licensure:

State _____ Bar # _____ State _____ Bar # _____

State _____ Bar # _____ State _____ Bar # _____

Indicate with a check (✓) the sessions you attended for CLE credit(s).

Friday, September 8, 2023

- Enforcing International, Canadian and Sister-State Judgments and Judgments in Foreign Currency (1.25)
- Developments in State Laws and FTC Regulations Governing Automatic-Renewal Laws (1.25)
- Private Eyes - They Are Watching You: Updating the California Consumer Privacy Act (1.25)
- Client Trust Accounting and Recent Updates (1.25)
- Navigating the Licensing Maze: Key Licensing Requirements You Need to Know (1.25)

Use ONLY for Post Conference viewing of the recordings.

Identify the two floating images in each recording.

Visual Prompt #1 _____ Visual Prompt #2 _____

Visual Prompt #1 _____ Visual Prompt #2 _____

Visual Prompt #1 _____ Visual Prompt #2 _____

Visual Prompt #1 _____ Visual Prompt #2 _____

Visual Prompt #1 _____ Visual Prompt #2 _____

By signing below, I certify that I attended the programs described above and am entitled to claim _____ total credit hours. This includes _____ ethics/competency hours.

Signature: _____

For office use only

Accepted: _____ Date: _____

Course#/State(s): _____