Davis Polk

CLE COURSE EVALUATION & AFFIRMATION FOR WEBCAST Provider: Davis Polk & Wardwell LLP **Program Title: Presenters:** Date: **Start Time: End Time:** Please rate the following: (High) (Low) 1 The presenters made the subject matter accessible. The related materials were relevant and contributed to the success of the program. The webcast format helped make the subject matter accessible. Overall, I would recommend this program. Please provide any other comments or suggestions about this program. What other legal and/or business topics would you like to see covered in future Davis Polk programs? ************************* **AFFIRMATION OF COMPLETION**

(Print name) (E-mail address) Hereby affirm that I have watched/listened to in its entirety on (Title of Program) (Date Completed) The 3-digit affirmation code for this program is ______ Participant Signature

Please return to: Lorraine General at lorraine.general@davispolk.com Tel: 212 450 6763