

Conference provider:	Davis Polk & Wardwell	LLP	
Program title:			
Presenters:			
Date:		Start time:	End time

Please rate the following:		(High)		(Low)	
The presenters made the subject matter accessible.	4	3	2	1	
The related materials were relevant and contributed to the success of the program.	4	3	2	1	
The format helped make the subject matter accessible.	4	3	2	1	
Overall, I would recommend this program.	4	3	2	1	

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?

Davis Polk

Affirmation of completion

Must be completed for course formats other than live classroom.

I, (Print name)	(Email address)	hereby affirm that I have watched/listened
to(title of prog		, in its entirety on (date of completion)
Bar ID number:	State:	If other please indicate here
The 3-digit affirmation code(s) fo	r this program is / are:	
Signature		

Seeking California MCLE credit? Please return this form within 60 days of your attendance date. Credit cannot be issued for California MCLE requests received after this timeframe.

CLE form submission

After you have completed this form, please save the PDF file and email it to the Davis Polk CLE team at **cle@davispolk.com**.