## **Continuing Legal Education (CLE)**



## **Program Attendance Form**

Course Title:				
Date of Course:				
Location:				
CLE Credits:				
Print Name:	Signature In:	Time In:	Signature Out:	Time Out:
Print Name:	Signature In:	Time In:	Signature Out:	Time Out:

Please complete this form and return it to Debra Burg: <a href="mailto:dburg@law.pace.edu">dburg@law.pace.edu</a>