

Affirmation of completion

Course provider: Davis Polk & Wardwell LLP

Program title: _____

Presenters: _____

Date: _____ Start time: _____ End time: _____

Course Format: Webinar / Live videoconference (VCN)

Online recording

Affirmation of completion

Must be completed for course formats other than live classroom.

I, _____ hereby affirm that I have watched/listened
(Print name) (Email address)

to _____, in its entirety on _____.
(title of program) (date of completion)

Bar ID number: _____ State: _____ If other please indicate here _____

The affirmation code(s) for this program is / are: _____

Signature

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