



ATTORNEY CLE FORM

NOTE: It is suggested that CERTIFICATES be emailed to mary.mccann@ccla.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 30, 2022.**

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 16, 2022

Fill in ONLY if viewing recordings AFTER the conference

- Who Bears Risk of Loss When Hacked (1)
- Digital Integrity, Peace of Mind (1)
- Money to Judgments -
Recognition and Enforcement of Foreign Judgments (1)
- Asset Investigations in A Nutshell (1)
- Whose Recording Me Now?
The California Invasion of Privacy Act (1)

Visual Prompt #1 _____ Visual Prompt #2 _____

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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): _____