

AFFIDAVIT OF ATTENDANCE

(Turn in at departure to obtain certificate) NAME ______ FIRM _____ ADDRESS CITY STATE ZIP _____TELEPHONE NUMBER _____ EMAIL TITLE OF SEMINAR 2015 Primerus Business Law Institute Symposium LOCATION OF SEMINAR Fort Worth, Texas DATE OF PROGRAM June 11, 2015 **TIMES ATTENDED** Thursday, June 11 ____:___ A.M. - ___:___ P.M. ____:__ A.M. - ____:__ P.M. ____:___ A.M. - ____:___ P.M. ____:___ P.M. - ____:___P.M. : P.M. - : P.M. ____:___ P.M. - ____:___ P.M. Or check box if you attended full conference CERTIFICATE REQUESTED (PLEASE CIRCLE) CLE CEU CPE **CLE STATE(S) REQUIRING CERTIFICATION** STATE 1 BAR ID# STATE 2 _____ BAR ID# _____ BAR ID# _____ STATE 3 _____ $^{f *}$ Please note that not all credit types are available for all programs. Credits issued will be based upon verified attendance and applicable rules. I hereby certify, under penalty of perjury, that the information given is, to the best of my knowledge, complete and accurate. **SIGNATURE** DATE