

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?

Affirmation of completion

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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 3-digit affirmation code(s) for this program is / are: _____

Signature

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