

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?

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## 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 3-digit affirmation code(s) for this program is / are: \_\_\_\_\_

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Signature

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