## Davis Polk A

## **Affirmation of completion**

rogram title:		
resenters:		
ate:	Start time:	End time:
ourse format:	Webinar / Live videoconference	(VCN)
	Online recording	
Affirmation of c	ompletion course formats other than live classroom	n.
		hereby affirm that I have watched/listened
(print name)	(email address)	
		, in its entirety on
<b>(</b> ti	itle of program)	(date of completion)
ar ID number:	State:	If other, please indicate here
he affirmation code(s	) for this program is / are:	
ignature		

CLE team at cle@davispolk.com.