

**** FOR DELAWARE ATTORNEYS ONLY ****
TO RECEIVE CLE CREDIT, ALL INFORMATION MUST BE PROVIDED

**** Please Write Legibly ****

SPONSOR: **ABA Legal Services Division**

PROGRAM TITLE: **March LAMP CLE Seminar**

DATE: **March 17, 2005**

Course ID#: 05172

LOCATION: **Jascksonville, FL**

NOTE: Each CLE Program Session requires a separate sign-in sheet. This sheet is page ___ of ___ for:

SESSION TITLE: _____ ETHICS? Yes/No

SESSION DATE: _____ TIME: _____

NAME AND ADDRESS:
(PLEASE PRINT)

TIME

Name _____
DE License # _____
Address _____
City, State _____
Signature _____

In _____ Out _____
In _____ Out _____
In _____ Out _____
In _____ Out _____

Total Minutes Attended _____

Divided by 60 = Hours Attended _____

Name _____
DE License # _____
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Signature _____

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