

KATTEN MUCHIN ROSENMAN LLP

**ATTORNEY AFFIRMATION
CLE CREDIT FOR NONTRADITIONAL FORMAT COURSE**

I, _____, acknowledge receipt of the course materials for:
(attorney name – PLEASE PRINT)

2009 Proxy and Disclosure Season Update: What's New and What's Coming
(course title)

I certify that I have listened to and/or viewed the above course in its entirety. Therefore, I request that I be awarded the applicable number of California, Illinois CLE credits for this course.

CLE Credit: Please check which state you would like to receive credit in and supply your bar number below:

CA
Bar # _____

IL
Bar # _____

Format : Check One

- _____ Live Teleconference
- _____ Live Videoconference
- _____ Live Web conference
- _____ **Video Tape***
- _____ **DVD***
- _____ **MP3/Audio Recording***

***DATE COMPLETED** _____

COURSE CODE: _____

During the course or program you will see and/or hear a CLE code. Please enter the code in the above field. If you do not include the code, you will not be awarded CLE credit. If there are multiple codes (for example, a separate code for each segment of a program) please enter here:

Code #2 _____ Code #3 _____
Code #4 _____ Code #5 _____

Signature of Attorney

Email Address: _____

Date : _____

- To obtain CLE credit, please fill out this form COMPLETELY and send it Adrienne Schroder via email at adrienne.schroder@kattenlaw.com or fax 312-577-4768. If you have follow-up questions about the program, please email cle@kattenlaw.com.

ACTIVITY EVALUATION FORM FOR CLE

Provider: **Katten Muchin Rosenman LLP**

Provider Number: **1112**

Provider Phone Number: **312-902-5200**

Provider Address: **525 W. Monroe Street Chicago, IL 60661**

Title of Activity: **2009 Proxy and Disclosure Season Update: What's New and What's Coming**

Date(s) of Activity: **12/4/08 (original recording)**

Time of Activity: **8:30 a.m.**

Location of Activity: **Chicago**

Course Format: **MP3**

CLE Credits: **1.5**

Category: **General**

Instructor Name (Attorney Y/N): **Larry Levin, Herb Wander, Maryann Waryjas, Mark Wood, Frank Zarb**

No Fee Charged: **No**

Directions: Please circle the appropriate response to indicate your evaluation of this course.

1. Did this program meet your educational objectives? YES NO

Comments: _____

2. Did the environment have a positive influence on your learning experience? YES NO

Comments: _____

3. Did the technology enhance your learning experience? YES NO

Comments: _____

3. Were you provided with substantive written materials? YES NO

Comments: _____

4. Did the course update or keep you informed of your legal responsibilities? YES NO

Comments: _____

5. Did the activity contain significant current professional content? YES NO

Comments: _____

Please rate the faculty on a scale of 1 to 5 (1 being the lowest; 5 being the highest):

Instructor's Name: _____ 5 4 3 2 1

Subject/Topic: _____

Comments: _____

Instructor's Name: _____ 5 4 3 2 1

Subject/Topic: _____

Comments: _____

Instructor's Name: _____ 5 4 3 2 1

Subject/Topic: _____

Comments: _____

Name of Participant: _____
(optional) First

_____ Last