



ATTORNEY CLE FORM

NOTE: It is suggested that CERTIFICATES be emailed to mary.mccann@ccla.org at the conclusion of the event. **It is your responsibility to make sure that the CLLA office receives your certificate no later than Friday, October 25, 2024.**

Name: _____

Firm/Agency: _____

Business Address: _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

State(s) of Bar Licensure:

State _____ Bar # _____ State _____ Bar # _____

State _____ Bar # _____ State _____ Bar # _____

Indicate with a check (✓) the sessions you attended for CLE credit(s).

Thursday, September 26, 2024

- ☐ Vicarious Liability in the Bankruptcy Context (Bartenwerfer) Section 523(a) of the Bankruptcy Code and Other Fun Areas of the Law! (1)
- ☐ Agency and Law Firm Expectations (1)
- ☐ When Commercial and Consumer Collections Collide (1)

By signing below, I certify that I attended the programs described above and am entitled to claim _____ total credit hours.

Signature: _____

For office use only

Accepted: _____ Date: _____

Course#/State(s): _____