



## ATTORNEY CLE FORM

**NOTE:** It is suggested that CERTIFICATES be emailed to [mary.mccann@clla.org](mailto:mary.mccann@clla.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, March 7, 2025.**

Name: \_\_\_\_\_

Firm/Agency: \_\_\_\_\_

Business Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### State(s) of Bar Licensure:

State \_\_\_\_\_ Bar # \_\_\_\_\_ State \_\_\_\_\_ Bar # \_\_\_\_\_

State \_\_\_\_\_ Bar # \_\_\_\_\_ State \_\_\_\_\_ Bar # \_\_\_\_\_

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

### Saturday, February 15, 2025

☐ THE SWAMP IS NOT SO SCARY – DEMYSTIFYING LOUISIANA LAW (1)

☐ ESTATE PLANNING WHEN A PRIVATELY HELD BUSINESS IS A PRIMARY ASSET (1)

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

Signature: \_\_\_\_\_

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For office use only

Accepted: \_\_\_\_\_ Date: \_\_\_\_\_

Course#/State(s): \_\_\_\_\_