UNIFORM CERTIFICATE OF PARTICIPATION

This certificate should be filed with the *appropriate* MCLE board (s) or Commission (s) within 30 days of activity.

Sponsor: **Conference of Western Attorneys General/Attorney General Alliance**

Activity Title: **COVID-19 Limited Liablilty, Workers Rights & Consumer Protection**

Date: **July 8, 2020**

Location: **Elk Grove, CA**

(For those states designing seminar numbers)

This program has been approved for a total of

1.5 CLE credit hours based on **60-minute hour**

1.8 CLE credit hours based on **50-minute hour**

Reminder: Introductory remarks, keynote addresses, business meetings breaks, receptions, etc., are not to be included in the computation of credit

TO BE COMPLETED BY ATTORNEY

By signing below, I certify that I attended the activity described above and am entitled to claim 1.0 CLE credit hours.

Attorney Name (Print) _____ Signature _____

Membership Registration or Supreme Court Number _____ Date _____

Note: If you are required to report to more than one state, complete a form for each state.

State where credits are to be registered _____

Acknowledged by:

Joy Orr- CWAG CLE Staff

Sponsor Representative _____