

# REGISTRATION CONFIRMATION - PA CLE CREDIT REQUEST

To receive PA CLE Credit for this program, return this form to the course sponsor upon departure.

All credits will be reported electronically by PSATS within 30 days of the workshop.

If you have not paid for the credits PSATS will send you an invoice.

*(Do not file this form with PA CLE)*

## PROGRAM INFORMATION:

Sponsor: PA State Assoc. of Township Supervisors

Course Title: **Sunshine Week Summit**

Date: **March 13, 2024**

**Credits: The PA State Association of Township Supervisors** is an Accredited Provider of CLE in Pennsylvania. This program has been approved for a total of:

2.5 credit hours based on a sixty minute hour.

**Of this total:**

2.5 credit hours are substantive, and:  
           credit hours are designated as ethics.

### **Reminders:**

Introductory remarks, keynote addresses, business meetings, breaks and receptions are not included in the computation of PA CLE credit.

CLE rules & regulations may vary from state to state. You may wish to check with your state regulator to confirm accreditation and credit hours.

## LAWYER INFORMATION:

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

PA ID#: \_\_\_\_\_

## COURSE EVALUATION

Please check one for each category:

### **Overall Quality:**

Excellent \_\_\_\_\_  
Exceeded Expectations \_\_\_\_\_  
Met Expectations \_\_\_\_\_  
Needs Improvement \_\_\_\_\_  
Failed to Meet Expectations \_\_\_\_\_

### **Written Materials:**

Excellent \_\_\_\_\_  
Exceeded Expectations \_\_\_\_\_  
Met Expectations \_\_\_\_\_  
Needs Improvement \_\_\_\_\_  
Failed to Meet Expectations \_\_\_\_\_

### **Instructors:**

Excellent \_\_\_\_\_  
Exceeded Expectations \_\_\_\_\_  
Met Expectations \_\_\_\_\_  
Needs Improvement \_\_\_\_\_  
Failed to Meet Expectations \_\_\_\_\_

### **Facility**

Excellent \_\_\_\_\_  
Exceeded Expectations \_\_\_\_\_  
Met Expectations \_\_\_\_\_  
Needs Improvement \_\_\_\_\_  
Failed to Meet Expectations \_\_\_\_\_

## **Lawyer Information:**

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

**Please indicate only if you had a late arrival or an early departure:**

Late Arrival (Time In) \_\_\_\_\_

Early Departure (Time Out) \_\_\_\_\_

PLEASE ENTER BILLING INFORMATION ON BACK OF FORM

**Billing (Invoice) Information:**

There is a fee of \$15 per CLE credit (total 2.5 credits = \$ 37.50) We will invoice to the following:

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

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

