CONTINUING LEGAL EDUCATION (CLE)
ATTENDANCE SHEET

WBASNY

[Name of Program]
[Date, Start Time of Program, End Time of Program]
[Location of Program]
[NY MCLE credits: transitional _____ or advanced _____]

	NAME (PLEASE PRINT)	WBASNY MEMBER	ADDRESS AND TELEPHONE NUMBER	SIGNATURE (SIGN-IN)	SIGNATURE (SIGN-OUT)