

**Certificate of Attendance for California MCLE**

Provider: University of California, Berkeley, School of Law

Provider Number: 02442

Title of Activity:

Date of Activity:

Location of Activity:

**TOTAL ELIGIBLE CALIFORNIA MCLE CREDIT HOURS: x.xx hours**

**To Be Completed by the Attorney after Participation in the Above-Named Activity**

By signing below, I certify that I participated in the activity described above and am entitled to claim the following California MCLE credit hours:

\_\_\_\_\_ : Session 1 (x.xx hours)

\_\_\_\_\_ : Session 2 (x.xx hours)

\_\_\_\_\_ : Keynote (x.xx hours)

\_\_\_\_\_ : Session 3 (x.xx hours)

\_\_\_\_\_ : Session 4 (x.xx hours)

**\_\_\_\_\_ : Total Hours**

Print Your Name (clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Bar Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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