Request for CLE Credit for Speaking/Presenting

Complete (print or type) this form and sign before mailing to American Alliance of Paralegals, Inc., Attn: Director of Education, 4001 Kennett Pike, Suite 134-146, Wilmington, Delaware 19807-2000, along with an outline of the speech/presentation.

(Please submit a separate form for each speaking/presenting activity)

_____

First Name Middle Name Last Name

_____

Address

_____

City State Zip Code

_____

Daytime telephone number (area code, number, extension):

Work E-mail:_____ Home E-mail:_____

Title of CLE Activity: _____

Date and Location of Activity: _____

For how many CLE hours has this Activity been approved? _____

Title of Presentation Segment: _____

Total minutes of actual presentation: _____ (Including breakdown for each segment taught)

General: _____ Ethics: _____ Professionalism: _____

Date: _____ Signature: _____

_____

AAPI OFFICE USE ONLY

General: _____ Ethics: _____ Professionalism: _____