

## MCLE ACTIVITY EVALUATION FORM

Provider: **Katten Muchin Rosenman LLP**

Provider Number: **1112**

Provider Phone Number: **312-902-5200**

Provider Address: **525 W. Monroe Street - Chicago, IL 60661**

Title of Activity: **Refocus on Risk: Compensation and Legal Perspectives on Risk Management**

Date(s) of Activity: **October 11, 2011**

Time of Activity: **12:00–1:00 p.m. (Central)**

Fee Charged: **No**

Location of Activity: **Chicago, Illinois**

Course Format: **Live/Recorded/Webcast**

MCLE Credits: **1.0**

Category: **General (Professional Responsibility pending) (Illinois); General (California); Professional Practice (New York)**

Instructor Names (Attorney Y/N): **Don Nemerov (N); Warren Stippich (N); Robert Wild (Y)**

**Directions: Please check the appropriate response to indicate your evaluation of this course.**

1. Did this program meet your educational objectives?

YES ☐

NO ☐

Comments: \_\_\_\_\_

2. Did the environment have a positive influence on your learning experience?

YES ☐

NO ☐

Comments: \_\_\_\_\_

3. Did the technology enhance your learning experience?

YES ☐

NO ☐

Comments: \_\_\_\_\_

4. Were you provided with substantive written materials?

YES ☐

NO ☐

Comments: \_\_\_\_\_

5. Did the course update or keep you informed of your legal responsibilities?

YES ☐

NO ☐

Comments: \_\_\_\_\_

6. Did the activity contain significant current professional content?

YES ☐

NO ☐

Comments: \_\_\_\_\_

**Please rate the faculty on a scale of 1 to 5 (1 being the lowest; 5 being the highest):**

Instructor's Name: **Don Nemerov (Grant Thornton LLP)**

5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐

Subject/Topic: \_\_\_\_\_

Comments: \_\_\_\_\_

Instructor's Name: **Warren Stippich (Grant Thornton LLP)**

5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐

Subject/Topic: \_\_\_\_\_

Comments: \_\_\_\_\_

Instructor's Name: **Robert Wild (Katten Muchin Rosenman LLP)**

5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐

Subject/Topic: \_\_\_\_\_

Comments: \_\_\_\_\_

**Name of Participant:**

(optional)

First

Last

## ATTORNEY ATTENDANCE AFFIRMATION MINIMUM CONTINUING LEGAL EDUCATION CREDIT REQUEST NON-TRADITIONAL FORMAT COURSE

**Program:** Grant Thornton / Katten Muchin Rosenman LLP Webinar  
Refocus on Risk: Compensation and Legal Perspectives  
on Risk Management

**Program Date:** October 11, 2011

This program is approved for 1.0 hour of General Illinois MCLE credit, 1.0 hour of General California credit, and 1.0 hour of New York Professional Practice credit. (**NOTE:** Professional Responsibility credit is pending from the Illinois Supreme Court Commission on Professionalism for 1.0 hour of Illinois Professional Responsibility credit. If approved, this program will offer 1.0 hour of Illinois Professional Responsibility credit in lieu of Illinois General credit.)

This Attorney Affirmation is being submitted to Katten Muchin Rosenman LLP to certify that I attended the entire program listed above. Therefore, I hereby request that I be awarded the applicable number of MCLE credits for this course for the state(s) of:

\_\_\_\_\_ California

\_\_\_\_\_ Illinois

\_\_\_\_\_ New York

I participated via one of the following formats (check one):

- ☐ Live Teleconference  
☐ Live Videoconference  
☐ Live Webcast  
☐ Videotape\*    ☐ DVD\*  
☐ MP3/Audio Recording\*

\*Date Completed: \_\_\_\_\_

Participant location:

\_\_\_\_\_ (city)

\_\_\_\_\_ (state)

Course Verification Code:

During the program you will see or hear a MCLE code to be entered in the next field. If the code is not included on this form, MCLE credit cannot be awarded.

Enter Verification Code here: \_\_\_\_\_

Print name legibly:	Date:
Signature:	Bar Registration No.:
E-mail address (please print legibly):	

**TO OBTAIN MCLE CREDIT:** Please complete and return this Attorney Attendance Affirmation form to Kim Koenig (MCLE/Employee Programming Coordinator) via e-mail addressed to [cleinformation@kattenlaw.com](mailto:cleinformation@kattenlaw.com). If you have follow-up questions about the program, please e-mail [cleinformation@kattenlaw.com](mailto:cleinformation@kattenlaw.com) for processing.