



**ATTORNEY AFFIRMATION**  
**NEW YORK CLE CREDIT FOR NONTRADITIONAL FORMAT COURSE**

I, \_\_\_\_\_, acknowledge receipt of the course materials for:  
(attorney name)

Course Title: Reflections on Bostock: LGBTQ+ Rights in the Workplace and at the Supreme Court

Speaker(s): Brown, Greenfield, Jenks, LaBrie, Mantoan and Rubens

I certify that I have listened to and/or viewed the above course in its entirety. Therefore, I request that I be awarded the applicable number of New York CLE credits for this course, as follows:

**Total Credits:** 1.5  
**Specific Application of Credits:**  
**Ethics and Professionalism:** \_\_\_\_\_      **Practice Management:** \_\_\_\_\_  
**Skills:** \_\_\_\_\_      **Areas of Professional Practice:** 1.5

**Format** (check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Teleconference  | <input type="checkbox"/> CD-ROM  |
| <input type="checkbox"/> Webconference   | <input type="checkbox"/> DVD   |
| <input type="checkbox"/> Videoconference | <input type="checkbox"/> Audio File  |
| <input type="checkbox"/> Audiotape       | <input type="checkbox"/> Online  |
| <input type="checkbox"/> Videotape       | <input type="checkbox"/> Live Broadcast  |
| <input type="checkbox"/> CD              | <input checked="" type="checkbox"/> Other <u>Video File</u><br>(Please Describe) |

**COURSE CODE:** \_\_\_\_\_

During the course or program you will see and/or hear a CLE code. Please enter the code in the above field. If you do not include the code, you will not be awarded New York CLE credit. If there are multiple codes (for example, a separate code for each segment of a program) please enter here:

Code #2: \_\_\_\_\_ Code #3: \_\_\_\_\_  
Code #4: \_\_\_\_\_ Code #5: \_\_\_\_\_

Orrick, Herrington & Sutcliffe LLP  
**Name of CLE Provider**

\_\_\_\_\_  
**Signature of Attorney**

\_\_\_\_\_  
**Date of completion of CLE course**  
(New York attorneys earn CLE credit as of the date they complete a CLE course)

- To obtain New York CLE credit, please complete and sign this form and then submit it to the CLE Provider (please email the completed form to [mwoods@orrick.com](mailto:mwoods@orrick.com) and [jgracey@orrick.com](mailto:jgracey@orrick.com) ). Once your participation is verified by the provider, a New York CLE Certificate of Attendance will be issued to you by the provider.
- New York attorneys should retain a copy of this affirmation along with their New York CLE Certificate of Attendance.
- Experienced New York attorneys (attorneys who have been admitted to the New York Bar for more than two years) may earn CLE credit through nontraditional formats. Generally, newly admitted attorneys may not earn CLE credit through nontraditional formats.
- Please note that in New York, one hour of CLE credit consists of at least 50 minutes of instruction. Credit hours must be calculated in no less than 25-minute (.5-hour) increments.

\*Completing evaluation is optional.



**New York MCLE Activity Evaluation - please return to [mwoods@orrick.com](mailto:mwoods@orrick.com) and [jgracey@orrick.com](mailto:jgracey@orrick.com)**

<b>Course:</b> Reflections on Bostock: LGBTQ+ Rights in the Workplace and at the Supreme Court	<b>Date:</b> 07/15/2020
<b>Format:</b> Webconference	<b>Time:</b> 12:00-1:30PM PDT
<b>Instructor(s):</b> Brown, Taylor Greenfield, Kent Jenks, Brian LaBrie, Matthew Mantoan, Kathryn G. Rubens, Daniel A.	<b>Location:</b>
<b>CA CLE Credits:</b> 1.5 General	
<b>NY CLE Credits:</b> 1.5 PP	

**1. Program Content** ( Multiple Choice )

Please rate:

- Excellent  Good  Fair  Poor  N/A

**2. Instructor Quality** ( Multiple Choice, Instructor )

Please rate:

**Instructor:** Brown, Taylor

- Excellent  Good  Fair  Poor  N/A

**Instructor:** Greenfield, Kent

- Excellent  Good  Fair  Poor  N/A

**Instructor:** Jenks, Brian

- Excellent  Good  Fair  Poor  N/A

**Instructor:** LaBrie, Matthew

- Excellent  Good  Fair  Poor  N/A

**Instructor:** Mantoan, Kathryn G.

- Excellent  Good  Fair  Poor  N/A

**Instructor:** Rubens, Daniel A.

- Excellent  Good  Fair  Poor  N/A

**3. Written Materials** ( Multiple Choice )

Please rate:

- Excellent  Good  Fair  Poor  N/A



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**4. Facility** ( Multiple Choice )

Please rate:

Excellent  Good  Fair  Poor  N/A

**5. Effectiveness of Technology** ( Multiple Choice )

Please rate:

Excellent  Good  Fair  Poor  N/A

**6. Relevance** ( Multiple Choice )

Please rate:

Excellent  Good  Fair  Poor  N/A

**7. What was the most valuable part of this seminar?** ( Essay )

Comments:

**8. What changes would you recommend to make the seminar more helpful to you?** ( Essay )

Comments:

**9. General Comments** ( Essay )

Comments:



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**Location:**

**10. Name (optional)** *( Fill in the blank )*

\_\_\_\_\_