



CLE FOR PROSECUTORS REGISTRATION FORM FOR OUTSIDE ATTORNEYS

CLE Program Date: _____

Name of Organization, Agency, or Firm: _____

Name of Contact Person: _____

Telephone Number: _____ E-mail Address: _____

Registrant's Name: _____ E-mail Address: _____

Phone: _____ Pa. I.D. No.: _____ CLE Compliance Group: _____

Both days Thursday Program Friday Program

Registrant's Name: _____ E-mail Address: _____

Phone: _____ Pa. I.D. No.: _____ CLE Compliance Group: _____

Both days Thursday Program Friday Program

Registrant's Name: _____ E-mail Address: _____

Phone: _____ Pa. I.D. No.: _____ CLE Compliance Group: _____

Both days Thursday Program Friday Program

Registrant's Name: _____ E-mail Address: _____

Phone: _____ Pa. I.D. No.: _____ CLE Compliance Group: _____

Both days Thursday Program Friday Program

Attorneys who need CLE credits to remain in compliance will receive priority. Registration will close when the course is full. Please make checks payable to **"D.A.CLE Fund"** in the amount listed in the attached fee schedule. Checks should include your Name and the Name of your agency, organization, or firm.

Payment (checks or money order) must be received by our office at least one week prior to the CLE date.

Completed forms should be mailed to Jill Roth at the below address or via email to DA.CLE@phila.gov.
Faxed registrations are not valid.

Jill Roth, Legislation Unit
District Attorney's Office
3 South Penn Square
Philadelphia, PA 19107

For additional information, call Jill Roth at 215-686-9885.