

# HUNTON ANDREWS KURTH

## ATTORNEY AFFIRMATION IN SUPPORT OF CLE CREDIT FOR A NONTRADITIONAL FORMAT COURSE

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

### **Know Your Data!** **Best Practices for Performing a Compensation Analysis**

Please check the method of participation:

- I certify that I participated in the above course by webinar in its entirety.
- I certify that I participated in the above course by teleconference in its entirety.

VERIFICATION CODE: \_\_\_\_\_

During the course or program you will hear or see a CLE VERIFICATION code. Please enter the code in the above field. If you do not include the code, you will not be awarded CLE credit in certain jurisdictions. 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: \_\_\_\_\_

Hunton Andrews Kurth LLP

Name of CLE Provider

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

\_\_\_\_\_  
Date of completion of CLE course

\_\_\_\_\_  
Please list jurisdictions and bar numbers for which you are seeking CLE credit

\_\_\_\_\_  
Please list your email address for CLE follow-up.

*For Hunton Andrews Kurth LLP use only.*

\_\_\_\_\_  
Signature of Sponsor Representative

\_\_\_\_\_  
Date

Return completed form to [CLEADMINISTRATOR@HuntonAK.com](mailto:CLEADMINISTRATOR@HuntonAK.com)