

INTERNATIONAL MUNICIPAL LAWYERS ASSOCIATION

DISTANT LEARNING PROGRAM

Continuing Legal Education Request Form

Each person requesting IMLA to submit application for CLE Approval and filing needs to submit a separate IMLA CLE Request Form per event. This form is not required if you are submitting application for approval and filing directly with your state bar (self-reporting)**. IMLA will provide you with a signed certificate of attendance form at no additional cost. **For additional information on self-reporting it is important that you check with your state bar regarding their state specific MCLE requirements. Some state			
			have varying guidelines regarding the approval of specific program
		or topics such as webinars. Other	restrictions and guidelines may apply.
		Post CLE processing is available for most IMLA Distant Learning Events at an additional charge (some state bars do not accept post event processing). You as a participant agree that, by signing this form, you are seeking CLE credit for the event lister below and you are confirming there will be a writing surface available during this webinar. During the call an EVENT CODE will be given, you must send an email to (cle@imla.org) with this "CODE & CLE REQUEST" in the subject line to confirm and finalize	
	his call and requesting CLE, you agree to sign in and sign out on		
CLE sheet provide after the evaluation or requested from IMLA	A (cle@imla.org) in advance of the call.		
(Date)	(Signature)		
CLE PROCESSING FEE: <u>CLICK HERE</u> See CLE Fee Ch	art for your state fee. Please pay amount listed on chart		
per event, per person and per state if you select for IML	A to apply for course approval. Use a separate form for		
each event. Fee covers bar fees only associated with obta	ining credit for events. IMLA will notify you if requesting less		
than 30 days prior to event and late fees apply or post fill	ng fees apply.		
Please list the date, name of event and state you are seek	ing CLE Credit for. CLE is not available for: DE Questions?		
Visit web site CLE Corner or Call (202) 466-5424, x 7102.			
☐ Event Date: ☐ Name of Event: ☐	CLE State:		
	D. N.		
☐ The original registrant in this office is			
•	ate name & email above)		
PARTICIPANT'S INFORMATION			
Nome	/ Figure No. 20		
Name Office	/ Firm Name		
Telephone F-ma	(DECLUBED)		
Telephone E-ma	[KEQUIKED]		
PAYMENT INFORMATION			
Circle One: □Bill Me □Visa □MasterCard	□Check Mailed/Enclosed		
(If mailing, send to IMLA, 7910 Woodmor	nt Avenue, Suite 1440, Bethesda, MD, 20814)		
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\$TOTAL (CLE Processing Fee – See Chart)			
Account Number	Name on Card		
Exp. Date Authorization Signature			

EMAIL to cle@imla.org or FAXTHIS COMPLETED FORM TO IMLA at (202) 785-0152