HUNTON

**AFFIRMATION IN SUPPORT OF CLE CREDIT**
**FOR A NONTRADITIONAL FORMAT COURSE**

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I, _____, acknowledge receipt of the course materials for:
(name)

Non-Employee Director Compensation

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

_____
Date of completion of CLE course

_____ CLE (bar jurisdiction/bar no.): _____

_____ HRCI credit

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Please list your email address for CLE follow-up.

**Return the completed form to CLEADMINISTRATOR@HuntonAK.com no later than 15 days after the program**