

OFFICAL RECORD OF ATTENDANCE FOR CALIFORNIA MCLE

Provider: Weintraub Tobin Chediak Coleman Grodin, Law Corporation
Provider Number: 2972
Title of Activity: HRTS Unscripted: Getting Back into Production – Scripted v. Unscripted
Date(s) of Activity: August 5, 2020
Time of Activity: 5:00 p.m. – 6:00 pm (PST)
Location of Activity/City/State: Virtual (Hosted on Zoom)

TOTAL ELIGIBLE CALIFORNIA MCLE CREDIT HOURS: 1.0 Hours

Including the following sub-field credits: _____

Legal Ethics: _____

Elimination of Bias in the Legal Profession: _____

Competence Issues: _____

ATTENDEE INFORMATION

Name of Attendee: _____

Company: _____

Email: _____

California State Bar No.: _____

Attendee Signature: _____

{2968714.DOC;}

REMINDER TO PROVIDER: Keep this record of attendance for 4 years after the date of completion of this activity.

ACTIVITY EVALUATION FORM FOR CALIFORNIA MCLE

Please complete and return to Provider (Please Print).

Provider: Weintraub Tobin Chediak Coleman Grodin, Law Corporation **Provider Number:** 2972

Provider Phone Number: 916-558-6000

Provider Address: 400 Capitol Mall, Suite 1100, Sacramento, CA 95814

Title of Activity: HRTS Unscripted: Getting Back into Production – Scripted v. Unscripted

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Directions: *Please mark the appropriate box to indicate your evaluation of this course.*

- | | YES | NO |
|--|-----|-----|
| 1. Did this program meet your educational objectives? Comments:
_____ | [] | [] |
| 2. Did the environment have a positive influence on your learning experience? Comments:
_____ | [] | [] |
| 3. Were you provided with substantive written materials? Comments:
_____ | [] | [] |
| 4. Did the course update or keep you informed of your legal responsibilities? Comments:
_____ | [] | [] |
| 5. Did the activity contain significant current professional content? Comments:
_____ | [] | [] |

Please rate the faculty on a scale of 1 to 5 (1 being the lowest; 5 being the highest).

	Overall Teaching Effectiveness	Effectiveness of Teaching Methods	Significant Current Knowledge of Subject
Instructor's Name: _____ Subject/Topic _____ Comments: _____	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Instructor's Name: _____ Subject/Topic _____ Comments: _____	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Instructor's Name: _____ Subject/Topic _____ Comments: _____	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1

Name of Participant: _____
(optional)
First
Last