

# Sullivan & Cromwell LLP

## On Demand Verification Form

### Instructions:

Please complete the fields below, then send this form to Donna M. Kramer  
( [kramerd@sullcrom.com](mailto:kramerd@sullcrom.com)).

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Program Title: **ID2361 Financing Programs under the CARES Act**  
Date Recorded: **Monday, April 6, 2020**

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### Date Viewed:

### CLE Code 1:

### CLE Code 2:

Two CLE codes will be announced during the program.  
To receive credit for the program, you must enter all announced codes.

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I affirm that I have completed the above program and am entitled to receive the continuing legal education credit assigned to this program.

Participating Attorney's  
Full Name (Please Print):

Participant's Organization:

Email Address:

Bar Admissions:

Attorney Signature:

### Note about signatures:

If signing electronically, please follow this format: /S/ Your Name

If signing on behalf of someone else, please follow this format: /S/ Participant's Name (your initials)

Return to Donna M. Kramer ([kramerd@sullcrom.com](mailto:kramerd@sullcrom.com))