

CAPE Education, Inc.
PA CLE/CE CREDIT

REGISTRATION CONFIRMATION FORM

In order to receive credit, please return this form to the course registrar or instructor upon departure.

Do not retain this form.

Course Title: Obama Care – What is It, and Will It Survive Judicial Scrutiny?

Date: 08/27/11 PM **Course Number:** 94508 **Location:** Fort Washington

Credits: CAPE Education Inc. is an Accredited Provider of Continuing Legal Education (CLE provider # 2332). This program has been approved for a total of: **4.0** CLE credit hours (of this total: **3.0** credit hours are substantive, and: **1.0** credit hours are ethics. CAPE will report your credits to the PACLE Board as indicated below.

We Need Your Help to ensure that our classes are as informative and interesting as possible. To help accomplish this goal, please take a moment to let us know your thoughts on how we have done today and anything we can do to improve. Out of respect to the instructor, to be polite to your fellow classmates and to satisfy the intent of this registered continuing education program, it is requested that all electronic devices be turned off.

COURSE EVALUATION (Optional)

Please check one for each category:

	Failed to Meet Expectations	Needs Improvement	Met Expectations	Exceeded Expectations	Excellent
Overall Quality	_____	_____	_____	_____	<input checked="" type="checkbox"/>
Written Materials	_____	_____	_____	_____	<input checked="" type="checkbox"/>
Instructors	_____	_____	_____	_____	<input checked="" type="checkbox"/>
Facility	_____	_____	_____	_____	<input checked="" type="checkbox"/>

Additional Comments? Please use the back of this form.

Registration Information:

Name: LAMBERT Michael Date: 8/27/11
Last First


Address: 5724 Rising Sun Ave

City: Philadelphia State: PA Zip: 19120

Phone: (work) 215 342 0193/4 (home) 215 605 4048

E-Mail Address: michaellambertesq@gmail.com

If you desire CLE credits, please provide your PA Attorney ID number: 88422

Signature: 

Check One:
 I have pre-registered and owe nothing

Attached is my payment of \$ 125.00 for CLE

For payment type circle one: Check (payable to CAPE) Amex Disc Visa MCard

Card #: _____ Exp: _____ Signature: _____

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Late Arrival _____ Time In Early Departure _____ Time Out

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Written Materials	_____	_____	_____	_____	_____
Instructors	_____	_____	_____	_____	_____
Facility	_____	_____	_____	_____	_____

Additional Comments? Please use the back of this form.

Registration Information:

Name: Dooley Eileen V 8-27-11
Last First Date

Address: 227 N. TYSON AVE.

City: GLENSIDE State: PA Zip: 19038

Phone: (work) 267-251-0256 (home) 215-887-5396

E-Mail Address: evdooley@comcast.net and evdesq@gmail.com

If you desire CLE credits, please provide your PA Attorney ID number: 35099

Signature: Eileen V. Dooley

Check One:
 I have pre-registered and owe nothing

Attached is my payment of \$ 125.00 for CLE

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Written Materials	_____	_____	_____	_____	<input checked="" type="checkbox"/>
Instructors	_____	_____	_____	_____	<input checked="" type="checkbox"/>
Facility	_____	_____	_____	_____	<input checked="" type="checkbox"/>

Additional Comments? Please use the back of this form.

Registration Information:

Name: SPECTOR Jimm 8/27/11
Last First Date
 Address: 1110 Cedar Road
 City: Ambler State: PA Zip: 19002
 Phone: (work) 215 990-7728 (home) _____
 E-Mail Address: spectorlawoffice@gmail.com

If you desire CLE credits, please provide your PA Attorney ID number: #50890
 Signature: [Signature]

Check One:
 I have pre-registered and owe nothing
 Attached is my payment of \$ 125.00 for CLE check provided
 For payment type circle one: Check (payable to CAPE) Amex Disc Visa MCard
 Card #: _____ Exp: _____ Signature: [Signature]

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Overall Quality	_____	_____	_____	X	_____
Written Materials	_____	_____	_____	X	_____
Instructors	_____	_____	_____	_____	X
Facility	_____	_____	X	_____	_____

Additional Comments? Please use the back of this form.

Registration Information:

Name: Brown Jan 8/27/11
Last First Date

Address: 4531 Bellflower Way

City: Allentown State: PA Zip: 18104

Phone: (work) 610-770-9781 ext 123 (home) 267-625-4404

E-Mail Address: janbrown956@gmail.com

If you desire CLE credits, please provide your PA Attorney ID number: 201680

Signature: 

Check One:

I have pre-registered and owe nothing

Attached is my payment of \$ 125.00 for CLE

For payment type circle one: Check (payable to CAPE) Amex Disc Visa MCard

Card #: _____ Exp: _____ Signature: _____

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Written Materials	_____	_____	_____	_____	<input checked="" type="checkbox"/>
Instructors	_____	_____	_____	_____	<input checked="" type="checkbox"/>
Facility	_____	_____	_____	_____	<input checked="" type="checkbox"/>

Additional Comments? Please use the back of this form.

Registration Information:

Name: LANSBERRY ROBERT 8/27/11
Last First Date

Address: 197 EAST ST

City: DOYLESTOWN State: PA Zip: 1890

Phone: (work) 215 348-1120 (home) 215-348-1120

E-Mail Address: ROBERT LANSBERRY@GMAIL.COM

If you desire CLE credits, please provide your PA Attorney ID number: 18763

Signature: [Handwritten Signature]

Check One:
 I have pre-registered and owe nothing

Attached is my payment of \$ 125.00 for CLE

For payment type circle one: Check (payable to CAPE) Amex Disc Visa MCard

Card #: _____ Exp: _____ Signature: _____

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	Failed to Meet Expectations	Needs Improvement	Met Expectations	Exceeded Expectations	Excellent
Overall Quality	_____	_____	_____	_____	<u>X</u>
Written Materials	_____	_____	_____	_____	<u>X</u>
Instructors	_____	_____	_____	_____	<u>X</u>
Facility	_____	_____	_____	_____	<u>X</u>

Additional Comments? Please use the back of this form.

Registration Information:


Name: RUBINSTEIN ERAN 8/27/11
Last First Date

Address: 3444 WELTSHIRE ROAD
City: FURLONG State: PA Zip: 18925

Phone: (work) 215 760 8726 (home) _____

E-Mail Address: ERAN.RUBINSTEIN@YAHOO.COM

If you desire CLE credits, please provide your PA Attorney ID number: 88004

Signature: 

Check One:
 I have pre-registered and owe nothing

Attached is my payment of \$ 125.00 for CLE

For payment type circle one: Check (payable to CAPE) Amex Disc Visa MCard

Card #: _____ Exp: _____ Signature: _____

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Overall Quality	_____	_____	_____	_____	✓
Written Materials	_____	_____	_____	_____	✗
Instructors	_____	_____	_____	_____	✗
Facility	_____	_____	_____	_____	✓

Additional Comments? Please use the back of this form.

Registration Information:

Name: BOLTZ - RUBINSTEIN SUSAN 8/27/11

Address: 3444 WILTSHIRE ROAD Date

City: FURLONG State: PA Zip: 18925

Phone: (work) 215 794 5160 (home) _____

E-Mail Address: SMBoltz@yahoo.com

If you desire CLE credits, please provide your PA Attorney ID number: 79074

Signature: Susan Boltz Rubinstein

Check One:
 I have pre-registered and owe nothing

Attached is my payment of \$ 125.00 for CLE

For payment type circle one: Check (payable to CAPE) Amex Disc Visa MCard

Card #: _____ Exp: _____ Signature: _____

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Written Materials	_____	_____	_____	_____	✓
Instructors	_____	_____	_____	_____	✓
Facility	_____	_____	_____	_____	✓

Additional Comments? Please use the back of this form.

Registration Information:

Name: Valentine JAMIE 8/27/11
Last First Date

Address: 135 Ridgeway Ave

City: Norwood State: PA Zip: 19074

Phone: (work) _____ (home) 610 574 1588

E-Mail Address: jamie.d.valentine@gmail.com

If you desire CLE credits, please provide your PA Attorney ID number: 93505

Signature: JAMIE

Check One:

I have pre-registered and owe nothing

Attached is my payment of \$ 125.00 for CLE

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Card #: _____ Exp: _____ Signature: _____

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Overall Quality	_____	_____	_____	_____	✓
Written Materials	_____	_____	_____	_____	✓
Instructors	_____	_____	✓	_____	✓
Facility	_____	_____	✓	_____	_____

Additional Comments? Please use the back of this form.

Registration Information:

Name: FOSTER VENUS 8/27/11

Address: 1650 MARKET ST., 3652 ONE LIBERTY PLACE

City: PHILA State: PA Zip: 19103

Phone: (work) (215) 552-8858 (home) (215) 498-5792

E-Mail Address: VENUS.FOSTERES9@AOL.COM

If you desire CLE credits, please provide your PA Attorney ID number: 90803

Signature: Venus Foster

Check One:
 I have pre-registered and owe nothing

Attached is my payment of \$ 125.00 for CLE

For payment type circle one: Check (payable to CAPE) Amex Disc Visa MCard

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Written Materials	_____	_____	_____	_____	✓
Instructors	_____	_____	_____	_____	✓
Facility	_____	_____	_____	_____	✓

Additional Comments? Please use the back of this form.

Registration Information:

Name: Carter-Gates Annette 8.27.2011
Last First Date

Address: 805 Spring House Farm Ln

City: Lower Gwynedd State: PA Zip: 19002

Phone: (work) 215 (653.7377) (home) 215.653.7377

E-Mail Address: Gates12ak@aol.com

If you desire CLE credits, please provide your PA Attorney ID number: 57012

Signature: Annette Carter-Gates

Check One:

I have pre-registered and owe nothing

Attached is my payment of \$ 125.00 for CLE

For payment type circle one: Check (payable to CAPE) Amex Disc Visa MCard

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Overall Quality	_____	_____	_____	_____	BA ✓
Written Materials	_____	_____	_____	_____	✓
Instructors	_____	_____	_____	_____	✓ ONE OF THE BEST
Facility	_____	_____	✓	_____	_____

Additional Comments? Please use the back of this form.

Registration Information:

Name: BECKER ALBERT L. SAT
Last First Date
3929 BUCKWAMPY RD.
Address: City: KINTNERSVILLE State: PA Zip: 18930
Phone: (work) 610-346-1663 (home) 610-346-7011
E-Mail Address: THEBIGB@PTD.NET

If you desire CLE credits, please provide your PA Attorney ID number: 02588

Signature: ALBERT

Check One:

I have pre-registered and owe nothing ←

Attached is my payment of \$ 125.00 for CLE

For payment type circle one: Check (payable to CAPE) Amex Disc Visa MCard

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Written Materials	_____	_____	_____	_____	✓
Instructors	_____	_____	_____	_____	✓
Facility	_____	_____	_____	_____	✓

Additional Comments? Please use the back of this form.

Registration Information:

Name: Conroy Francesca 8/27/11
Last First Date

Address: 132 Preston Drive

City: North Wales State: PA Zip: 19454

Phone: (work) 610-278-3214 (home) 215-412-8782

E-Mail Address: _____

If you desire CLE credits, please provide your PA Attorney ID number: 63656

Signature: Francesca M. Hornbush Conroy

Check One:
 I have pre-registered and owe nothing

Attached is my payment of \$ 125.00 for CLE

For payment type circle one: Check (payable to CAPE) Amex Disc Visa MCard

Card #: _____ Exp: _____ Signature: _____

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