



**MCLE Board of the Supreme Court of Illinois  
ACCREDITED CLE PROVIDER 2009 ANNUAL REPORT  
FEIN No.: 06-1783307**

**Provider Name:**

**1. ANNUAL FEE PAYMENT**

Provider charges a fee for its CLE programs     Provider does not charge a fee for any of its CLE programs

Any fees charged in association with *any* CLE program (directly or indirectly), such as membership dues in excess of \$500 per year, or for the cost of the venue, food, copies, etc., is considered a charge for the course. (For the MCLE Board's definition of Professional Organization, which includes memberships, please go to the Questions page of our website and search the phrase "Professional Organization.")

Select Fee Category by double-clicking an item from drop down list below:

(If you are considering a different category for the 2010 annual period, you may view the Fee Schedule at: [www.mcleboard.org](http://www.mcleboard.org))

Provider Type	Annual Fee Due

PLEASE NOTE: When determining the number of courses that you plan to hold annually (and the resulting annual fee), be mindful that multi-day courses that exceed five days of presentation are considered as single-day courses, counting each day of presentation as a separate course. For example, a 7-day conference is counted as seven courses.

**ACCREDITED CLE PROVIDER STATUS IS CONTINUOUS; THE ANNUAL FEE IS DUE EACH YEAR.**

**2. ATTENDANCE FEE PAYMENT**

Total Attendance Fees from Cell U3 Excel Spreadsheet	Attendance Fee Due

TOTAL FEE DUE:

Providers may choose to submit one check for the Total Fee Due or two checks in the amount of each separate fee: (1) Annual Fee Due, and (2) Attendance Fee Due. Checks should be made payable to "MCLE Board," and sent with a copy of this remittance form to:

**United States Postal Service Only**

MCLE Board of the Supreme Court of Illinois  
P.O. Box 19289  
Springfield, IL 62794-9289

**All Other Mailing Methods, UPS, FedEx, etc.**

MCLE c/o INB  
Processing Center  
307 E Jackson  
Springfield, IL 62701

**Provider Acknowledgments**

Provider acknowledges and agrees to comply with all Illinois Supreme Court Rules (specifically Rule 795), as well as the Board's policies and procedures as stated on its website, and certifies that the information provided in this application (including all attachments) is true.

Provider acknowledges that it owns the needed rights to its course's content (including written materials) and/or has obtained all needed permissions to utilize the course's content (including written materials).

Provider acknowledges that it has submitted all of the required attachments with the application submission.

**Provider Representative Name and Title**

**Date**

**The application review process will not begin without having received a complete annual report, including all required attachments, and fee payments.**