

Thursday, February 14, 2019

Registration: 12:00 p.m. • Program: 12:30 p.m. – 1:30 p.m.

Speakers:

Tracy E. Hughes, Esq.

Senior Deputy District Attorney Orange County District Attorney's Office

Dr. Nichole Quick

Deputy Health Officer Orange County Health Care Agency (OCHCA)

The Opioid Epidemic: Challenges and Responses

In this program, Senior District Attorney Tracy E. Hughes will update on People v. Purdue Pharma, et. al. and OC Health Deputy Officer Nichole Quick, MD will provide a valuable insight on the opioid epidemic's effect in Orange County.

– Approved for 1.0 General CLE Credit –





Seating is limited, and lunch may not be available for purchase on the day of the meeting. Registration is not confirmed until payment is received. OCBA is not responsible for lost, misdirected or delayed mail. Registration may not be transferrable; Certain conditions apply. Cancellations must be received in writing via fax or e-mail three (3) business days prior to the meeting date to receive a refund. OCBA reserves the right to substitute speakers. This activity has been approved for MCLE credit by the State Bar of California in the amount of 1.0 hour(s), as appropriate to the content of the activity. OCBA is a State Bar of California approved MCLE provider and certifies that this activity conforms to the standards for approved education activities prescribed by the rules and regulations of the State Bar of California governing MCLE. Non-Attorney guests may attend with a registered attorney at equal rate. Persons with Disabilities: If special arrangements are required for attendance, please contact the OCBA at least 10 days prior to the event.

Register by fax, mail or online at www.ocbar.org

OCBA Health Care Law Section Meeting – February 14, 2019

Meeting Price – Day of Event, Add \$10	Includes Lunch	Vegetarian Meal ⊠	No Lunch]
OCBA Health Care Law Section Member	□ \$25		-0-	
OCBA Attorney (Non-Section Member)	□ \$50		□ \$25	
Non-OCBA Member Attorney	□ \$60		□ \$35	
Name <i>(print)</i> :	Ema iding your email address, you agree t		email vou regarding relevant Ol	
Firm Name:				
Business Address:	City/ZIP:			
Visa/MasterCard/Amex/Discover:	Exp. Date:			
Cardholder Name:	Signature:			
\$ enclosed/to be charged (Mak	e checks payable to th	e OCBA)		

Please return this form to OCBA, P.O. Box 6130 Newport Beach, CA 92658 or Fax to: 949-440-6710