

Orange County Bar Association SOLO PRACTITIONER/SMALL FIRM SECTION

February Meeting

Thursday, February 21, 2019

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

Speakers:

Deborah Dickson, CPA, CFF, MAFF **Richard Warner, CPA**

President Smith Dickson, an Accountancy Corporation

Senior Tax Manager Smith Dickson, an Accountancy Corporation

The Impact of Tax Reform on Attorneys and Their Clients

Learn how tax reform impacts settlements and the deductibility of legal

fees – and more!

–Approved for 1.0 General CLE Credit–



OCBA Offices 4101 Westerly Place Newport Beach, CA 92660 (Free Parking)



Seating is limited, and lunch may not available for purchase on the day of the meeting. Registration is not confirmed until payment is received. The 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 Solo Practitioner/Small Firm Section Meeting – February 21, 2019

Meeting Price – Day of Event, Add \$10	Includes Lunch	Vegetarian Meal ⊠	No Lunch]
OCBA Solo/Small Firm Section Member	□ \$25		-0-	
OCBA Attorney (Non-Section Member)	□ \$50		□ \$25	
Non-OCBA Member Attorney	□ \$60		□ \$35	
Name (print):	Email:	agree to allow the OCBA	A to email you regarding relevant C	OCBA informatio
Firm Name:		-		-
Business Address:	City/ZIP:			
Visa/MasterCard/Amex/Discover:	Ex	Expiration Date:		
Cardholder Name:	Signature:			
\$ enclosed/to be charged (Make of	checks payable to the OCBA)			

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