

Orange County Bar Association TORT & TRIAL SECTION

March Meeting

PLEASE NOTE ONE-TIME CHANGE IN DATE

FRIDAY, MARCH 29, 2019

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

Speaker:

Robert L. Kaufman, Esq.

Woodruff, Spradlin & Smart, APC

Keys to Delivering Effective Closing Arguments

Join us as Robert L. Kaufman, senior trial attorney at Woodruff, Spradlin, & Smart, discusses the various strategies and pitfalls surrounding your closing arguments.

-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. 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 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 Tort & Trial Section Meeting – March 29, 2019

Meeting Price – Day of Event, Add \$10	Includes Lunch	Vegetarian Meal ⊠	No Lunch
OCBA Tort & Trial Section Member	□ \$25		□ -0-
OCBA Attorney (Non-Section Member)	□ \$50		□ \$25
Non-OCBA Member Attorney	□ \$60		□ \$35

Name (print):	rint): Email: By providing your email address, you agree to allow the OCBA to email you re	
Firm Name:	Bar#:	Phone:
Business Address:	City/ZIP	:
Visa/MasterCard/Amex/Discover:	Ех	piration Date:
Cardholder Name:	Signature:	
\$ enclosed/to be charg	ed (Make checks payable to the OCBA)

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