

Orange County Bar Association IMMIGRATION LAW SECTION

April Meeting

#### PLEASE NOTE ONE-TIME CHANGE IN DATE

## TUESDAY, APRIL 9, 2019

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

Speakers:

# Heather L. Poole, Esq.

# Melissa G. Wong, Esq.

Managing Attorney, Heather L. Poole PC

#### Attorney, *Heather L. Poole PC*

# Protecting Yourself and Your Client: The Tricky World of 601 Waivers

This program will cover a waiver law overview, setting realistic expectations for your clients, and consular processing pitfalls.

#### -Approved for 1.0 General CLE Credit-



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



Meeting Price – Day of Event, Add \$10	Advanced Registration	Day of Event
OCBA Immigration Law Section Member	-0-	\$10
OCBA Attorney (Non-Section Member)	\$25	\$35
Non-OCBA Member Attorney	\$35	\$45



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 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 content of 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 Immigration Law Section Meeting – April 9, 2019**

Name (print):	Email:		
Firm Name:	,, <u>,</u> ,	s, you agree to allow the OCBA to email you regarding relevant to	
Business Address:			
Visa/MasterCard/Amex/Discover:	Expiration Date:		
Cardholder Name:	Signat	ure:	
\$ enclosed/to be char	ged (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