



Thursday, May 16, 2019

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

Speaker:

R. DeDe Soto, Esq.
The Soto Law Group

How to Manage a Small Law Firm

The presentation will focus on the relevant issues and practical/pragmatic resolutions associated with managing a small law firm and the seven categories that are essential to your success.

- Marketing
- Sales
- Production
- People
- Physical Plant
- Financial Controls
- YOU

–No CLE Offered for This Meeting–

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

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. 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 – May 16, 2019

Meeting Price – Day of Event, Add \$10	Includes Lunch	Vegetarian Meal <input checked="" type="checkbox"/>	No Lunch
OCBA Solo/Small Firm Section Member	<input type="checkbox"/> \$25	<input type="checkbox"/>	<input type="checkbox"/> -0-
OCBA Attorney (Non-Section Member)	<input type="checkbox"/> \$50	<input type="checkbox"/>	<input type="checkbox"/> \$25
Non-OCBA Member Attorney	<input type="checkbox"/> \$60	<input type="checkbox"/>	<input type="checkbox"/> \$35

Name (*print*): _____ Email: _____
By providing your email address, you agree to allow the OCBA to email you regarding relevant OCBA information.

Firm Name: _____ Bar#: _____ Phone: _____

Business Address: _____ City/ZIP: _____

Visa/MasterCard/Amex/Discover: _____ Expiration Date: _____

Cardholder Name: _____ Signature: _____

\$ _____ enclosed/to be charged (Make checks payable to the OCBA)