



Monday, August 5, 2019

Registration: 11:30 a.m. • Program: 12:00 p.m. – 1:00 p.m.

Speaker:

Dr. Lawrence M. Richman, QME

Neurologist, *Cedars-Sinai Medical Center*

Recognizing Cranio-Cerebral Trauma Under the AMA Guides

Join us for this informative program and learn how to recognize various industrial brain injuries demonstrated by an array of symptoms following a head injury. This program will also discuss the application of AMA guides for head trauma classification and diagnostic testing to confirm TBI.

–Approved for 1.0 General CLE Credit–

Grand Catered Events
 300 S Flower Street, Orange, CA 92868
(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. 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 Workers' Compensation Section Meeting – August 5, 2019

Meeting Price – Day of Event, Add \$10	Includes Lunch	No Lunch
OCBA Workers' Compensation Section Member	<input type="checkbox"/> \$35	<input type="checkbox"/> -0-
OCBA Attorney (Non-Section Member)	<input type="checkbox"/> \$60	<input type="checkbox"/> \$25
Non-OCBA Member Attorney	<input type="checkbox"/> \$70	<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)