



ORANGE COUNTY BAR ASSOCIATION
ELDER LAW SECTION
AUGUST MEETING

Friday, August 8, 2014

12:00 p.m. to 1:30 p.m.

Speaker:

Hon. Kim R. Hubbard

Orange County Superior Court

Topic:

Restraining Orders

The Elder Abuse and Dependent Adult Civil Protection Act

Join us for a discussion about the availability and requirements for elder abuse and dependent adult restraining orders, including the new forms. Learn how the hearing is conducted and the ramifications if an order is granted.

MCLE CREDIT – 1.00

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.

Location:

Grand Catered Events

300 S. Flower St., Orange, CA 92868

Free Parking

	Advance Registration	After 8/5/2014
Section Member/Non-Attorney Guest	\$30	\$40
Non-Section Member	\$55	\$65
Non-OCBA Attorney	\$65	\$75
No Meal – OCBA Attorney Section Member	-0-	\$10



Seating is limited. If you make a reservation to attend this section meeting and are unable to attend, please notify the OCBA office in writing 3 business days prior to the meeting date or it will be necessary to bill you for the lunch reservation. OCBA reserves the right to substitute speakers.

Persons with Disabilities: If special arrangements are required for attendance, please contact the OCBA no later than 7 days prior to the event.

Register by fax, mail or online at www.OCBar.org

Elder Law Section Meeting on August 8, 2014

I will attend with a meal. (prices above)

I will attend - No Meal. (Non-Section Member \$25; Non-OCBA Member \$35)
 (Add \$10 After 8/5/14)

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: _____

Total enclosed/to be charged: _____ *Make checks payable to OCBA*

PLEASE MAIL RESERVATIONS TO: P.O. Box 6130, Newport Beach, CA 92658 OR FAX TO: 949-440-6710

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