

Wednesday, December 4, 2019

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

Speaker:

Wendy L. Slavkin, Esq.

Law Offices of Wendy L. Slavkin

Substance Abuse in the Legal Profession

Join us for this informative program as attorney Wendy Slavkin discusses the causes & effects of substance abuse in the legal profession, the psychological and physical manifestations of that abuse, and the various treatment options available.

–Approved for 1.0 Competence Issues CLE Credit–



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



Seating is limited, and lunch may be not 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), including Competence Issues, 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 Construction Law Section Meeting – December 4, 2019

Meeting Price – Day of Event, Add \$10	Includes Lunch	Vegetarian Meal ⊠	No Lunch	
OCBA Construction Law Section Member	□ \$25		□ -0-	
OCBA Attorney (Non-Section Member)	□ \$50		□ \$25	
Non-OCBA Member Attorney	□ \$60		□ \$35	
Name (print):	Email: By providing your email address, you a	gree to allow the OCBA t	to email you regarding relevant O	CBA informatic
Firm Name:	Bar#:	Phone:		
Business Address:	City/ZIP:			
Visa/MasterCard/Amex/Discover:	Ex	piration Date: _		
Cardholder Name:	Signature:			
\$ enclosed/to be charged (Make ch	ecks payable to the OCBA)			