# ORANGE COUNTY BAR ASSOCIATION WORKERS' COMPENSATION SECTION November Meeting

Date:
Monday, November 1, 2010

Time:

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

Speakers:

# Honorable Norman F. Delaterre

Keith P. More

Presiding Judge Workers' Compensation Appeals Board, Santa Ana

Attorney at Law, Managing Partner Berman More Gonzalez

# Topic:

# Third Party Credit in Workers' Compensation Cases & Contribution/Reimbursement Claims

- A discussion regarding the applicable law as well as practice tips involving third party credit
- Contribution/Reimbursement claims from both the bench and practitioner perspectives

## 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, 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:

## The Villa

510 E. Katella Avenue, Orange

# Advance

	Registration	Aiter 10/2//2010
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

#### Reservations will not be taken over the phone. Seating is Limited.

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

Orange County Bar Association reserves the right to substitute speakers.

# Register online at www.OCBar.org

Workers' Compensation Section Meeting on November 1, 2010			
$\Box$ I will attend with a meal (prices above) $\Box$	I will attend - No Meal. (Non-Section Member \$25 / Non-OCBA Member \$	35)	
Name (print):	Email:		
By providing you	r email address, you agree to allow the OCBA to email you regarding relevant OCBA in	tormation.	
Firm Name:	Bar#: Phone:		
Business Address:	City/Zip:		
Visa/MastercardAmex/Discover #:	Expiration Date:		
Cardholder Name:	Signature:		
Total enclosed/to be charged:	Make checks payable to	OCBA	