



Orange County Bar Association
Insurance Law Section Meeting
December Meeting

**Please Note
 One Time
 Change of
 Date!**

TUESDAY, DECEMBER 8, 2015 **12:00 p.m. – 1:30 p.m.**

Hon. John K. Trotter (Ret.)
JAMS

Hon. James L. Crandall
Orange County Superior Court

Michael J. Bidart, Esq.
Shernoff Bidart Echeverria Bentley LLP

Emerging Issues in Insurance Bad Faith Litigation

Panel discussion exploring cutting-edge “bad faith” developments. Includes case law updates from the past year, new areas of exposure for defense firms, techniques for reaching resolution, and developments in taxation of confidential settlements.

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

Lunch is NOT available for purchase on the day of the meeting.

	Advance Registration	After 12/3/2015
Section Member/Non-Attorney Guest	\$20	\$30
Non-Section Member	\$45	\$55
Non-OCBA Attorney	\$55	\$65
No Meal – OCBA 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

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I will attend with a meal. I will attend - No Meal. (Non-Section Member \$25/Non-OCBA Member \$35 - Add \$10 After 12/3/15)

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*