

Thursday, September 6, 2018

ICLE: State Bar Series

NURSING HOME LITIGATION

6 CLE HOURS INCLUDING | 1 ETHICS HOUR | 1 PROFESSIONALISM HOUR | 5.5 TRIAL PRACTICE HOURS

AGENDA

PRESIDING:

Eric James Hertz, Program Chair; Eric J. Hertz, PC, Atlanta

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| 7:45 | REGISTRATION AND CONTINENTAL BREAKFAST
(All attendees must check in upon arrival. A removable jacket or sweater is recommended.) | 11:25 | LUNCH (Included in registration fee.) |
| 8:30 | WELCOME AND PROGRAM OVERVIEW
<i>Eric James Hertz</i> | 11:55 | DISCOVERY – DEFENSE PERSPECTIVE
<i>Jeffrey D. "Jeff" Braintwain</i> , Huff Powell & Bailey LLC, Atlanta |
| 8:40 | OVERVIEW OF LONG-TERM CARE ISSUES
<i>Aynsley Harrow Mull</i> , Insley & Race LLC, Atlanta | 12:30 | CONNECTING WITH JURORS ON DAMAGES
<i>Eric James Hertz</i> |
| 9:10 | REGULATIONS & NURSING HOMES
<i>Lance D. Lourie</i> , Watkins Lourie Roll & Chance PC, Atlanta | 1:00 | BREAK |
| 9:40 | BREAK | 1:15 | THE ANATOMY OF AN OPENING STATEMENT IN A NURSING HOME CASE
<i>Kenneth L. Connor</i> , Connor & Connor LLC, Aiken, SC |
| 9:55 | DISCOVERY – PLAINTIFF PERSPECTIVE
<i>Camille Godwin</i> , Eric J. Hertz PC, Atlanta | 2:00 | DEALING WITH BILLS & LIENS
<i>Robert L. "Rob" Schenk, II</i> , Schenk Smith LLC, Atlanta |
| 10:25 | ETHICS IN LITIGATION
<i>David N. Lefkowitz</i> , The Lefkowitz Firm LLC, Atlanta and Athens; Adjunct Professor, University of Georgia School of Law, Athens | 2:30 | PROFESSIONALISM IN MEDIATION AND ARBITRATION
<i>Hon. Susan B. Forsling</i> , Former Judge, State Court of Fulton County; Senior Neutral, Miles Mediation & Arbitration Services LLC, Atlanta |
| | | 3:30 | ADJOURN |

SPACE IS LIMITED.

ICLE cannot guarantee admission to on-site registrants.
Early registration closes 48 hours before the seminar.



State Bar
of Georgia

INSTITUTE OF CONTINUING LEGAL EDUCATION

LOCATION AND HOTEL OPTIONS

STATE BAR OF GEORGIA HEADQUARTERS

104 Marietta Street NW • Atlanta, Georgia

For Directions Please Visit <http://www.gabar.org/>

To make hotel room reservations, call:

Embassy Suites phone: 1-800-Hiltons | The Glenn phone: 404-521-2250

Hilton Garden Inn phone: 404-577-2001 | The Omni phone: 404-818-4334

Home2Suites Hilton phone: 404-965-7992

Ask for the State Bar of Georgia's negotiated corporate rate.

CANCELLATION POLICY

Cancellations reaching ICLE by 5:00 p.m. the day before the seminar date will receive a registration fee refund less a \$25.00 administrative fee. Otherwise, the registrant will be considered a "no show" and will not receive a registration fee refund. Program materials will be shipped after the program to every "no show." Designated substitutes may take the place of registrants unable to attend.

SEMINAR REGISTRATION POLICY

Early registrations must be received 48 hours before the seminar. ICLE will accept on-site registrations as space allows. All attendees must check in upon arrival and are requested to wear name tags at all times during the seminar. ICLE makes every effort to have enough program materials at the seminar for all attendees. When demand is high, program materials must be shipped to some attendees.

EARLY REGISTRATION PAYMENT OPTIONS

Mail: ICLE • PO Box 117210 • Atlanta, GA 30368-7210 (make check payable to ICLE)

Online: gabar.org/ICLEcourses (credit card payment only)

(Ver. 3)

Duplicate registrations may result in multiple charges to your account. A \$15 administrative fee will apply to refunds required because of duplicate registrations.

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Early Registration closes 48 hours before the seminar. **Questions, Call ICLE: 678-529-6688**

NURSING HOME LITIGATION | SEPTEMBER 6, 2018 | 9967

EARLY REGISTRATION: \$140

ON-SITE REGISTRATION: \$215

On-site Registration Payment Options:

- **ICLE cannot accept cash.**
- *ICLE accepts checks (make check payable to ICLE).*
- *Debit Cards, Visa, Mastercard, and American Express are accepted.*
- *On-site registrants must pay at the time of the on-site registration.*

**EARLY REGISTRATION
CLOSES 48 HOURS BEFORE
THE SEMINAR.**

NAME _____ GEORGIA BAR # _____

FIRM/COMPANY _____ OFFICE PHONE _____

EMAIL _____

(To receive seminar notification and registration confirmation by email only.)

MAILING ADDRESS _____ ZIP + 4 _____

STREET ADDRESS _____ ZIP + 4 _____

CITY _____ STATE _____

- I am sight impaired under the ADA and I will contact ICLE immediately to make arrangements.
- I have enclosed a check [payable to ICLE] in the amount of \$_____ (See fees at left)
- I authorize ICLE to charge the amount of \$_____ (See fees at left)
to my MASTERCARD VISA AMERICAN EXPRESS*

Credit Card Verification Number: A three-digit number usually located on the back of your credit card; *AmEx is four-digits on the front of the card.

Account #: /

Expiration Date _____ Signature _____