

LITIGATION: SOUP TO NUTS

6 CLE Hours including

1 Ethics Hour | 1 Professionalism Hour | 5 Trial Practice Hours

**YLD LITIGATION
COMMITTEE**

CO-SPONSOR

AGENDA

PRESIDING:

Edwin M. Cook, Program Co-Chair, Edwin Cook Law LLC, Atlanta

Cary R. Burke, Program Co-Chair, Polsinelli PC, Atlanta

Margaret A. Head, YLD Litigation Committee Co-Chair, Cohen & Caproni LLC, Atlanta

Megan M. Pearson, YLD Litigation Committee Co-Chair, Smith Welch Webb & White LLC, McDonough

7:30 **REGISTRATION AND CONTINENTAL
BREAKFAST** (All attendees must check in upon
arrival. A jacket or sweater is recommended.)

1:50 **BREAK**

8:05 **WELCOME AND PROGRAM OVERVIEW**

2:00 **ETHICS FOR LAWYERS: A VIEW FROM THE
BENCH**

8:10 **USING DEPOSITIONS AT TRIAL**
Michael T. Rafi, Rafi Law Firm LLC, Atlanta

Hon. Kimberly M. Esmond Adams, Judge, Superior
Court of Fulton County, Atlanta

9:30 **MANAGING E-DISCOVERY**
Stephanie D. Delatorre, Polsinelli PC, Atlanta

Hon. Belinda E. Edwards, Judge, Superior Court of
Fulton County, Atlanta

Hon. Dax E. Lopez, Judge, DeKalb County State
Court, Decatur

10:30 **BREAK**

3:00 **ADJOURN**

10:45 **STARTING A FIRM – PANEL DISCUSSION**
Kevin C. Patrick, Kevin Patrick Law, LLC, Atlanta
Shalamar J. Parham, Parham Law Firm LLC, Atlanta
Jessica K. Stern, STERNLaw, Atlanta

11:45 **LUNCH** (Included in registration fee.)

12:10 **VOIR DIRE**
Elissa B. Haynes, Goodman McGuffey LLP, Atlanta
Justin M. Mullis, Fulton County District Attorney’s
Office, Atlanta

1:00 **FEDERAL VS. STATE LITIGATION**
James C. “Jake” Evans, Thompson Hine LLP, Atlanta

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 \$15.00 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: iclega.org (credit card payment only)

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

© 2018 Institute of Continuing Legal Education

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

LITIGATION: SOUP TO NUTS | MARCH 14, 2018 | 9871

EARLY REGISTRATION: \$95

ON-SITE REGISTRATION: \$170

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 _____