

Tuesday, February 21, 2012

***The California Attorney General
and Class Actions:
What To Do and What Not To Do***

**Opening Address by
The Honorable Kamala Harris**
(Attorney General of the State of California)

**Discussion of
The Top 10 Class Action Mistakes by
Paul Kiesel**
(Kiesel, Boucher & Larson LLP)
**and
Darrel Hieber**
(Skadden, Arps, Slate, Meagher & Flom LLP)

Scholarship Ceremony

Also this evening, ABTL will be awarding five third-year law students each \$2,000 scholarships.

Millennium Biltmore Hotel, 506 S. Grand Avenue, Los Angeles, CA
Wine Reception: 6:00 p.m.; **Dinner and Program:** 7:00 p.m.— 9:00 p.m.

Cost: 2012 ABTL Members **\$95**, Non-Members **\$125**

Active Judiciary: **Complimentary**

Tables of 10 Members Cost: **\$900** Tables of 10 Non-Members Cost: **\$1,050**

1.25 hours of MCLE credit will be offered.

Thank You to Our Wine Sponsor



ASSOCIATION OF BUSINESS TRIAL LAWYERS
PROGRAM REGISTRATION FORM
February 21, 2012 Dinner Program

Please check the appropriate box

- 2012 ABTL Member..... \$ 95.00
- Non-Member \$ 125.00
- Member—table of 10..... \$900.00
- Non-member—table of 10\$1,050.00
- Active Judiciary Complimentary
- Please enroll me in ABTL.....\$ 95.00

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RESERVATIONS: When making a reservation after Friday February 17, 2012, prior to mailing, please pdf a copy of this registration form to abtl@abtl.org.

CANCELLATION: Written notice of cancellation is required by noon on February 17, 2012 for refunds; registration is transferable.

ON SITE: A confirmation letter will not be sent. Please check in at the registration tables. All individual reservations will be held by last name. Table reservations will be held by firm name. At the door reservations will be on a space available basis.

Event Location: Millennium Biltmore Hotel, 506 S. Grand Avenue, Los Angeles CA

Please include a list of attendees' names and bar numbers with all table reservations.

Mail your registration and check made payable to the ABTL to the address below.

NAME: _____ STATE BAR NO: _____

FIRM: _____

ATTENDEE NAMES AND BAR NUMBERS:

_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

PHONE: _____ FAX: _____

E-MAIL: _____

Payment via check _____ (please pdf registration form prior to mailing);

For Payment via Credit Card: You can do so online through paypal or by entering your information here:

Type of Card _____; Number _____; Exp _____

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