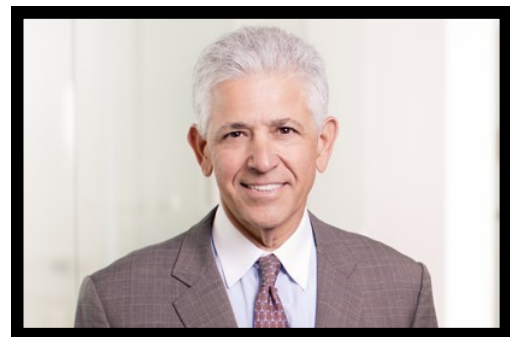


SEPTEMBER 19, 2017

***THE O.J. SIMPSON SAGA:
REFLECTIONS ON THE CIVIL TRIAL
BY DAN PETROCELLI***

Daniel M. Petrocelli
O'Melveny & Myers LLP
Attorney for Goldman Family



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: 2017 ABTL Members \$100, Non-Members \$125

Active Judiciary: Complimentary

Tables of 10 Members Cost: \$950; Tables of 10 Non-Members Cost: \$1,100

1.25 hours of MCLE credit will be offered.

Thank You To Our Wine Sponsor



ASSOCIATION OF BUSINESS TRIAL LAWYERS
PROGRAM REGISTRATION FORM
September 19, 2017 Dinner Program—The O.J. Simpson Saga

Please check the appropriate box

- 2017 ABTL Member..... \$100.00
- Non-Member \$ 125.00
- Member—table of 10..... \$950.00
- Non-member—table of 10\$1,100.00
- Active Judiciary Complimentary
- Please enroll me in ABTL for 2017.....\$ 95.00

**Visit us on-line for young lawyer and group discounts

RESERVATIONS: When making a reservation after Friday September 15, 2017, prior to mailing, please pdf a copy of this registration form to abtl@abtl.org.

CANCELLATION AND REFUNDS: Written notice of cancellation is required by noon on Monday, September 15, 2017 for refunds; registration is transferable.

ON SITE: Please check in at the registration tables. All reservations will be held by last name.

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.

To ensure nametags, all names must be emailed to abtl@abtl.org by 3:00 p.m. the previous day.

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

FIRM: _____

ATTENDEE NAMES AND BAR NUMBERS:

- (1) _____ (2) _____
- (3) _____ (4) _____
- (5) _____ (6) _____
- (7) _____ (8) _____
- (9) _____ (10) _____

**** For nametag purposes, please note company/firm name if attendee is not otherwise affiliated with purchasing firm.**

****Please note if vegetarian meal is desired and which attendee is making the request.**

CONTACT NAME FOR CONFIRMATION: _____ E-MAIL: _____

Total Enclosed: \$ _____; Payment via check _____; Payment via Credit Card: _____

Name on Card: _____

Type of Card _____; Number: _____; Expiration: _____

Signature: _____; CVC _____

ABTL 8502 E. Chapman Avenue, Suite 443 Orange CA 92869
Phone: 323.988.3428 Fax: 714.602.2505 abtl@abtl.org www.abtl.org