

ASSOCIATION OF BUSINESS TRIAL LAWYERS

abtl
LOS ANGELES

SEPTEMBER 25, 2018
WESTSIDE DINNER AND PROGRAM

***MASS SHOOTINGS IN THE USA:
IS ANYONE LIABLE?***

Adam Winkler

UCLA School of Law, Constitutional Law Professor
Author of *Gunfight: The Battle Over the Right to Bear Arms in
America*

Josh Koskoff

Koskoff Koskoff & Bieder, PC,
Representing families of victims of the Sandy Hook shooting in
their suit against the manufacturer and distributor
of the AR-15 used in the school shooting

*****The Intercontinental Hotel*****

2151 Avenue of the Stars, Los Angeles, CA 90067

Wine Reception: 6:00 p.m.;

Dinner and Program: 7:00 p.m. – 9:00 p.m.

Cost: 2018 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.

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**ASSOCIATION OF BUSINESS TRIAL LAWYERS
PROGRAM REGISTRATION FORM**

September 25, 2018 WestSide Dinner Program—Mass Shootings in the USA

Please check the appropriate box

- 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 2018.....\$ 95.00

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

RESERVATIONS: When making a reservation after Friday September 21, 2018, 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 Friday, September 21, 2018 for refunds; registration is transferable.

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

Event Location: **INTERCONTINENTAL HOTEL** (Century City)

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 _____

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