



Wednesday, March 21, 2018

Dinner & Program

***Cannabis as an Emerging Industry:
The Medical, Legal, and Political Challenges***

Senator Joseph Dunn (Ret.)

UC Irvine, School of Law



Judge James P. Gray (Ret.)

ADR Services, Inc.



Joseph T. McNally

U.S. Attorney's Office

Dr. Daniele Piomelli

UC Irvine, School of Medicine



Professor Robert A. Solomon

UC Irvine, School of Law

The Westin South Coast Plaza, 686 Anton Blvd., Costa Mesa, CA

6:00 p.m. Wine Tasting 7:00 p.m. Dinner and Program

Cost: 2018 ABTL Members \$95, Non-Members \$115

Tables of 8 Members Cost: \$750 Tables of 8 Non-Members Cost: \$850

One (1) hour of MCLE credit will be offered.

Thank you to our Wine Tasting Sponsor



FIRSTLEGAL

ASSOCIATION OF BUSINESS TRIAL LAWYERS OF ORANGE COUNTY
PROGRAM REGISTRATION FORM
March 21, 2018 Dinner and Program — Cannabis as an Emerging Industry

Please check the appropriate box

- 2018 ABTL Member..... \$ 95.00
- Non-Member\$ 115.00
- Member—table of 8 \$750.00
- Non-member—table of 8..... \$850.00
- Active Judiciary Complimentary

RESERVATIONS: When making a reservation on or after Friday March 16, 2018 please email a copy of this registration form prior to mailing to abtloc@abtl.org.

CANCELLATION/REFUND: Written notice of cancellation is required by noon on March 16, 2018 for refunds; registration is transferable.

ON SITE: A confirmation letter will be sent to all individual attendees. Table purchase confirmations will only be sent to the contact listed. Please check in at the registration tables. All reservations will be held by last name.

Event Location: The Westin South Coast Plaza, 686 Anton Blvd., Costa Mesa, CA

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

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) _____

**** Please note company/firm name if attendee is not otherwise affiliated with purchasing firm.**

CONTACT NAME FOR CONFIRMATION/RECEIPT: _____

PHONE: _____ E-MAIL: _____

Vegetarian Meal Requested? Y / N; If yes, how many? _____

(Please note which attendee(s) have requested vegetarian meals)

Payment via check _____

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

Type of Card _____; Number _____; Exp _____; Approved Total: \$ _____

Signature _____; CVC _____

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