



Multnomah Bar Association | Young Lawyers Section

Advanced Litigation Skills

FALL 2015 YLS CLE SEMINAR SERIES

A series of nine weekly seminars on general litigation skills. Worth nine hours of practice skills OSB MCLE credit in total.

Date/Time: Nine consecutive Thursdays from 12-1 p.m. beginning Thursday, September 17, 2015
Location: Standard Insurance Center auditorium, basement level, 900 SW Fifth Ave, downtown Portland
Cost: Series discounted to \$120 for members (or \$25 per individual seminar)

- Thursday, Sept. 17, 2015 **Countdown to Trial**
Speaker: Jason Kafoury, Kafoury & McDougal
- Thursday, Sept. 24, 2015 **Opening Statements**
Speaker: Peter Richter, Miller Nash Graham & Dunn LLP
- Thursday, Oct. 1, 2015 **Direct Examination**
Speaker: Shannon Armstrong, Markowitz Herbold PC
- Thursday, Oct. 8, 2015 **Cross Examination**
Speaker: Daniel Skerritt, Tonkon Torp LLP
- Thursday, Oct. 15, 2015 **Experts: Everything I Wish I'd Known**
Speaker: Courtney Dippel, Folawn Alterman & Richardson LLP
- Thursday, Oct. 22, 2015 **Applying the Rules of Evidence**
Speakers: Judges Adrienne Nelson and Youlee You, Multnomah County Circuit Court
- Thursday, Oct. 29, 2015 **Closing Statements**
Speakers: Kate Von Ter Stegge, Multnomah County Attorney's Office and John Devlin, Rosenthal Greene & Devlin PC
- Thursday, Nov. 5, 2015 **Preserving Issues for Appeal**
Speaker: Helen Tompkins, Law Office of Helen Tompkins PC
- Thursday, Nov. 12, 2015 **Jury Considerations**
Speaker: Tom Booth, Attorney at Law

COMPLETE SERIES REGISTRATION

Name _____

\$120 for MBA members

Firm _____

\$200 for non-members

OR

Billing Address _____

Select individual classes above and enter number of seminars below.

____ (# of seminars) @ \$25 ea. (members): \$_____

____ (# of seminars) @ \$40 ea. (non-members): \$_____

OSB # _____ Email _____

TOTAL: \$_____

TO REGISTER: Send form, with payment to: the Multnomah Bar Association, 620 SW 5th Ave Ste #1220, Portland OR 97204. Fax 503.243.1881 for credit card purchase only. Sorry, no refunds.

PAYMENT OPTIONS:

Check (enclosed) Visa MasterCard AmEx Card # _____

Exp. Date _____ Security Code _____ Signature _____