



The Florida Bar Continuing Legal Education Committee and the
Workers' Compensation Section present

Ethical Questions and Answers for the Workers' Compensation Practice

COURSE CLASSIFICATION: INTERMEDIATE LEVEL

Telephonic Seminar: Tuesday, May 11, 2010

12:00 noon - 1:30 p.m. EDT

Course No. 1028R

DIAL IN AND GET UP-TO-DATE!



This course will cover a broad range of ethics questions, from subpoenas to "losing" your client, from unpaid legal bills to closing and destroying files. The practitioner will learn how to locate and use The Rules Regulating The Florida Bar, Rules Regulating Professional Conduct (Chapter 4) and Ethics Opinions for use in their daily law practice.

11:50 a.m. – 12:00 noon (Eastern Daylight Time)

Connection Time

12:00 noon – 12:05

Welcome and Introductions

12:05 p.m. – 1:15 p.m.

Ethical Questions and Answers for the Workers' Compensation Practice

Dawn R. Traverso, Aventura, FL

1. Subpoenas
2. Losing your client
3. Unpaid legal bills
4. Are you a "WC Specialist"?
5. Letterhead issues
6. When an associate leaves... with clients
7. Knowing a former client's methodology and strategy
8. Closing and destroying files

1:15 p.m. – 1:25 p.m.

Question and Answers

1:25 p.m. – 1:30 p.m.

Closing Remarks

How Does Telephone Broadcasting Work?

Registrants will receive dial-in connection instructions two days prior to the scheduled course date via e-mail. In the instructions, you will be given a personal identification number (PIN) and a toll-free number for you to access the program. If you do not have an e-mail address, contact Order Entry Department at 850-561-5831, two days prior to the event for the instructions.

The operator will verify the entry of each call. Only those attorneys registered for this seminar will receive CLE credit. CLE credit will be applied within two weeks after the attendance record has been verified.

WORKERS' COMPENSATION SECTION

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CLE CREDITS

CLER PROGRAM

(Max. Credit: 1.5 hours)

General: 1.5 hours Ethics: 1.5 hours

CERTIFICATION PROGRAM

(Max. Credit: 1.0 hour)

Workers' Compensation: 1.0 hour

Seminar credit may be applied to satisfy CLER / Certification requirements in the amounts specified above, not to exceed the maximum credit. See the CLE link at www.floridabar.org for more information.

Prior to your CLER reporting date (located on the mailing label of your Florida Bar News or available in your CLE record on-line) you will be sent a Reporting Affidavit if you have not completed your required hours (must be returned by your CLER reporting date).

TO REGISTER**ON-LINE:**
www.floridabar.org/CLE**MAIL:**
Completed form with check**FAX:**
Completed form to 850/561-5816**REFUND POLICY:** There will be no refunds after May 11, 2010. No refunds for "no shows."**Register me for the "Ethical Questions and Answers for the Workers' Compensation Practice" Telephonic Seminar.****(214) Tuesday, May 11, 2010**

TO REGISTER OR ORDER AUDIO CD BY MAIL, SEND THIS FORM TO: The Florida Bar, Order Entry Department, 651 E. Jefferson Street, Tallahassee, FL 32399-2300 with a check in the appropriate amount payable to The Florida Bar or credit card information filled in below. If you have questions, call 850/561-5831.

Name _____ Florida Bar # _____

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City/State/Zip _____ Phone # _____

AJC: Course No. 1028R**REGISTRATION FEE (CHECK ONE):**

- Member of the Workers' Compensation Section: \$95
- Non-section member: \$120
- Full-time law college faculty or full-time law student: \$60
- Persons attending under the policy of fee waivers: \$0

Members of The Florida Bar who are Supreme Court, Federal, DCA, circuit, county judges, magistrates, judges of compensation claims, full-time administrative law judges, and court-appointed hearing officers, or full-time legal aid attorneys for programs directly related to their client practice; are eligible upon written request and for personal use only, complimentary admission to any live CLE Committee sponsored course. (We reserve the right to verify employment.)

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- Credit Card (Advance registration only. Fax to 850/561-5816.)
- MASTERCARD VISA DISCOVER AMEX Exp. Date: ____/____ (MO./YR.)

Signature: _____

Name on Card: _____ Billing Zip Code: _____

Card No. _____



Please check here if you have a disability that may require special attention or services. To ensure availability of appropriate accommodations, attach a general description of your needs. We will contact you for further coordination.

- Enclosed is my separate check in the amount of \$50 to join the Workers' Compensation Section. Membership expires June 30, 2011

AUDIO CD- ON-LINE — PUBLICATIONS

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