Friday, October 6, 2017

PREMISES LIABILITY SEMINAR

6.5 CLE Hours including | 1 Professionalism Hour | 5.5 Trial Practice Hours

AGENDA

PRESIDING:
Michael J. Gorby, Program Chair, Gorby Peters & Associates LLC, Atlanta

7:30 REGISTRATION AND CONTINENTAL BREAKFAST
(All attendees must check in upon arrival. A removable jacket or sweater is recommended.)

8:05 WELCOME AND PROGRAM OVERVIEW
Michael J. Gorby

8:15 DEVELOPING LIABILITY IN A NEGLIGENT SECURITY CASE—PLAINTIFF PERSPECTIVE – STRATEGIC USE OF DISCOVERY
Gilbert H. Deitch, Deitch & Rogers LLC, Atlanta
Andrew T. “Andy” Rogers, Deitch & Rogers LLC, Atlanta

8:50 UPDATE ON PREMISES LIABILITY CASES
Michael J. Gorby

9:25 BREAK

9:35 DEVELOPING A CREDIBLE CLOSING ARGUMENT – PLAINTIFF PERSPECTIVE – PUTTING A POSITIVE SPIN ON ADVERSE TESTIMONY/EVIDENCE
Peter A. “Pete” Law, Law & Moran, Atlanta
E. Michael Moran, Law & Moran, Atlanta

10:10 DEALING WITH DAUBERT – PREMISES LIABILITY EXPERTS ARE IN THE CROSISHAIRS
Mary Donne Peters, Author, Expert Testimony in Georgia, Gorby Peters & Associates LLC, Atlanta

10:45 PURSUING A PREMISES CASE AGAINST A LANDLORD OR OUT OF POSSESSION OWNER—DIFFERENT RULES MAY APPLY
Matthew A. Cathey, Cathey & Strain LLC, Cornelia

11:20 GEORGIA’S DRAM SHOP LAW – EXTENSION OF LIABILITY FOR PREMISES’ OWNERS
Tony C. Jones, Galloway Johnson Tompkins Burr & Smith PLC, Atlanta

12:05 BREAK
Obtain boxed lunch (included in registration fee) and return to seminar room.

LUNCH PRESENTATION

FORENSIC INVESTIGATION OF THE PREMISES
Jeffrey H. Gross, Jeffrey H. Gross Consulting, Atlanta

12:50 DEFENDING A SEXUAL ASSAULT NEGLIGENT SECURITY CASE
James P. “Jim” Myers, Insley & Race LLC, Atlanta

1:20 DEFENDING SLIP AND FALL STATIC DEFECT CASES
Taylor K. Owens, Bendin Sumrall & Ladner LLC, Atlanta

1:50 APPORTIONMENT OF FAULT TO A NON PARTY – DEFENSE PERSPECTIVE
Jeffrey M. “Jeff” Wasick, Gray Rust St. Amand Moffett & Brieske LLP, Atlanta

2:15 BREAK

2:30 PROFESSIONALISM
Hon. Clyde L. Reese, III, Georgia Court of Appeals, Atlanta

3:30 ADJOURN

Limited to 190 attendees.

Early registrations must be received 48 hours before the seminar.
CANCELLATION POLICY
Cancellations reaching ICLE by 5:00 p.m. the day before the seminar date will receive a registration fee refund less a $15.00 administrative fee. Otherwise, the registrant will be considered a “no show” and will not receive a registration fee refund. Program materials will be shipped after the program to every “no show.” Designated substitutes may take the place of registrants unable to attend.

SEMINAR REGISTRATION POLICY
Early registrations must be received 48 hours before the seminar. ICLE will accept on-site registrations as space allows. All attendees must check in upon arrival and are requested to wear name tags at all times during the seminar. ICLE makes every effort to have enough program materials at the seminar for all attendees. When demand is high, program materials must be shipped to some attendees.

LOCATION AND HOTEL OPTIONS
STATE BAR OF GEORGIA HEADQUARTERS
104 Marietta Street NW • Atlanta, Georgia
For Directions Please Visit http://www.gabar.org/
To make hotel room reservations, call:
Embassy Suites phone: 1-800-Hiltons | The Glenn phone: 404-521-2250
Hilton Garden Inn phone: 404-577-2001 | The Omni phone: 404-818-4334
Home2Suites Hilton phone: 404-965-7992
Ask for the State Bar of Georgia’s negotiated corporate rate.

EARLY REGISTRATION PAYMENT OPTIONS
Mail: ICLE • PO Box 117210 • Atlanta, GA 30368-7210 (make check payable to ICLE)
Online: iclega.org (credit card payment only)

Early Registration must be received 48 hours before the seminar. Questions, Call ICLE: 678-529-6688

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EARLY REGISTRATION: $155
ON-SITE REGISTRATION: $205

On-site Registration Payment Options:
- ICLE cannot accept cash.
- ICLE accepts checks (make check payable to ICLE).
- Debit Cards, Visa, Mastercard, and American Express are accepted.
- On-site registrants must pay at the time of the on-site registration.

NAME ________________________________ GEORGIA BAR # ______________
FIRM/COMPANY ________________________________ OFFICE PHONE __________
EMAIL ________________________________

(To receive seminar notification and registration confirmation by email only.)

MAILING ADDRESS ________________________________ ZIP + 4 ______________
STREET ADDRESS ________________________________ ZIP + 4 ______________
CITY ___________________________________________ STATE ______________

☐ I am sight impaired under the ADA and I will contact ICLE immediately to make arrangements.
☐ I have enclosed a check [payable to ICLE] in the amount of $_______ (See fees at left)
☐ I authorize ICLE to charge the amount of $_______ (See fees at left)
to my ☐ MASTERCARD ☐ VISA ☐ AMERICAN EXPRESS*

Credit Card Verification Number: A three-digit number usually located on the back of your credit card; *AmEx is four-digits on the front of the card.

Account #: ____________________________ Signature ____________________________
Expiration Date ________________