

MAY 2017

GROUP MENTORING

Co-sponsored by: **TRANSITION INTO LAW PRACTICE PROGRAM (TILPP)**

NOTE: This event is for newly admitted lawyers in Georgia who are enrolled in the **Group Mentoring component of the Transition Into Law Practice Program (TILPP)**. Do **NOT** register for this event if you are not enrolled in TILPP or if you are a prosecutor, solicitor, public defender, or if you are enrolled in Inside Mentoring or Outside Mentoring.

TILPP consists of two (2) components: a continuing legal education ("CLE") component and a mentoring component. Successful completion of TILPP satisfies your mandatory CLE requirements for the calendar year of your admission and the next succeeding calendar year. (State Bar Rule 8-104 (B)(1)). **Attendance at this Group Mentoring event satisfies a portion of the Mentoring component requirement; it does not satisfy any portion of the CLE component requirement—No CLE credit is given for this event.**

Components of the Transition into Law Practice Program

1. CLE Component (Regulation (1)(C)(i) to State Bar Rule 8-104 (B)): You must attend mandatory CLE activities. The exact activities depend upon your practice setting. Prosecutors or Solicitors should contact their supervisor or the Prosecuting Attorneys Council of Georgia for applicable CLE activities; Public Defenders should contact their supervisor or the Georgia Public Defender Standards Council for applicable CLE activities. All other Program participants (i.e. Beginning Lawyers who are neither prosecutors nor public defenders) must complete a minimum of twelve (12) CLE hours, consisting of the Beginning Lawyers Program (6 CLE hours of credit) and six (6) additional CLE hours of their choice. **TILPP will send you information on dates and times of the Beginning Lawyers Program** at the address you have on file with the State Bar of Georgia.

2. Mentoring Component (Regulation (1)(C)(ii) to State Bar Rule 8-104 (B)): For Group Mentoring participants: each Group Mentoring event generally consists of 3 hours, and you must complete two (2) Group Mentoring events during your assigned Mentoring Period. Generally, those Beginning Lawyers who are admitted after passing the February Bar Examination have their mentoring period tracked beginning the start of the next FISCAL YEAR (July 1–June 30); and, those Beginning Lawyers who are admitted after passing the July Bar Examination have their mentoring period tracked beginning the next CALENDAR YEAR (January 1–December 31). **TILPP will send you information on dates and times of Group Mentoring events** at the address you have on file with the State Bar of Georgia.

AGENDA

PRESIDING:

Michelle E. West, Director, Transition Into Law Practice Program, State Bar of Georgia, Atlanta

8:15	REGISTRATION & CONTINENTAL BREAKFAST (All attendees must check in upon arrival. A jacket or sweater is recommended.)	8:55	BREAK (Proceed to First Breakout Group of Your Choice)
8:45	WELCOME & REMARKS Michelle E. West	9:00	MENTORING BREAKOUT GROUPS—SESSION ONE (CHOOSE ONE)
8:50	INTRODUCTION OF MENTORING BREAKOUT GROUP LEADERS (Model Mentoring Plan A, C, D & H) Valentia P. Alleyne , The Allenye Law Firm, LLC, Atlanta Todd Ashley , Prosecuting Attorneys' Council of Georgia, Morrow Safiya Byars , The Byars Firm, Inc., Atlanta Lori B. Duff , Jones & Duff, LLC, Atlanta Douglas C. Dumont , The Ausband Firm, Atlanta Dennis Dunn , State Law Department, Atlanta Damon Elmore , Nowell Sparks, LLC, Atlanta Janet Willy Hankins , Georgia Public Defender Council, Decatur Evan Kaine , Kaine Law, LLC, Atlanta Marcus Keegan , Keegan Law Firm, LLC, Atlanta Cheryl B. Legare , Legare, Atwood & Wolfe, LLC, Atlanta Daryl A. Robinson , State Law Department, Atlanta Robert G. Wellon , Attorney and Counselor at Law, Atlanta	9:50	BREAK
		10:00	MENTORING BREAKOUT GROUPS—SESSION TWO (CHOOSE ONE)
		10:50	BREAK
		11:00	MENTORING BREAKOUT GROUPS—SESSION THREE (CHOOSE ONE)
		12:00	ADJOURN

LOCATION

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.

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. However, potential attendees should call ICLE the day before the seminar to verify that space is available. 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.

THREE WAYS TO REGISTER: check the ICLE schedule on the web at www.iclega.org

Mail: ICLE • P.O. Box 1885 • Athens, GA 30603-1885 (make check payable to ICLE)

Fax: 706-354-4190 (credit card payment must accompany fax to be processed)

Online: iclega.org (credit card payment only)

Duplicate registrations may result in multiple charges to your account. A \$15 administrative fee will apply to refunds required because of duplicate registrations.

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Questions? Call ICLE Atlanta Area: 770-466-0886 • Athens Area: 706-369-5664 • Toll Free: 1-800-422-0893

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EARLY REGISTRATION: \$65

ON-SITE REGISTRATION: \$95

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 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 #: /

Expiration Date _____ Signature _____

- I am unable to attend. Please send ICLE program materials and bill me for the cost of materials only.

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