

**McLean County Bar Association
February 12, 2016 CLE Program/Mock Trial Volunteer Reservation Form**

**Tentatively 2.0 Hours General CLE Credit Anticipated and sponsored by SmartStart
“Alcohol Considerations for General Practitioners and BAID Presentation”**

Presented by

Laura Ballard, Attorney at Law

Liquor Licensing for Business Owners: including dram shop issues, liquor licensing for special events and consequences for violations

Tristan Bullington, Allison & Mosby-Scott

Underage Drinking: What to do when your biggest client's calls and says his son just got arrested for underage drinking. Difference between ordinance violation and misdemeanors, license suspension issues.

Brendan Bukalski, Johnson Law Group

Driver's License Reinstatement: Civil consequences of a DUI and how to get your driver's license back after a DUI.

Susan Harrod, Director, SmartStart
BAID Presentation

12:00 p.m. – 2:00 p.m.

Law & Justice Center, Jury Assembly Room (5th Floor)

**** Although this CLE Program is free of charge, please register using the form below. ****

AND

2016 MCBA Central Illinois High School Mock Trial Invitational Volunteer Form

Sponsored by the MCBA Mock Trial Committee & in cooperation with the ISBA Committee on Law Related Education for the Public & the Eleventh Judicial Circuit Trial Courts

Round 1 – 9:15 – 10:45

Round 2 – 10:45 – 12:15

Round 3 – 2:15 – 3:30

Law & Justice Center, 4th & 5th Floor Courtrooms

**** Please register using the attached form. ****

Lunch available free of charge to all attendees of either program from 11:30 to 1:00 in Law & Justice Center, 5th floor jury assembly room. Please register by February 7, 2016.

February 12, 2016 CLE Program and Mock Trial Registration Form

DATE: _____

FIRM OR COMPANY NAME: _____

EVENT(S) ATTENDING (Circle all that apply): CLE PROGRAM MOCK TRIAL

NUMBER ATTENDING CLE PROGRAM: _____ NUMBER FOR LUNCH: _____

BAR MEMBER NAME(S) & EMAIL ADDRESS(ES) ATTENDING FEBRUARY CLE PROGRAM:

NUMBER ATTENDING MOCK TRIAL PROGRAM: _____

NAME & EMAIL ADDRESS (PLEASE PRINT)

	LUNCH?	ROUNDS (PLEASE CHECK)
_____ / _____	Y/N	1 ____ 2 ____ 3 ____
_____ / _____	Y/N	1 ____ 2 ____ 3 ____
_____ / _____	Y/N	1 ____ 2 ____ 3 ____
_____ / _____	Y/N	1 ____ 2 ____ 3 ____

Please mail the completed form to:

**McLean County Bar Association
P.O. Box 3142
Bloomington, IL 61702-3142**

OR, reservations may also be made at:

<http://www.mcleancountybarassociation.com>