

# Substance Abuse Prevention, Detection and Treatment



DATE **Friday, January 20, 2017**  
LOCATION **Andrei's Conscious Cuisine**  
**2607 Main Street, Irvine, 92614**

TIME **REGISTRATION: 11:45a – 12:15p**  
**LUNCH: 12:00p - 1:00p**  
**PROGRAM: 12:15p - 1:15p**



**Presenter: Greg Dorst J.D., CADC II, The Other Bar**

## One Hour Competence Issues (formerly Substance Abuse) MCLE Credit *Presented by Orange County Women Lawyers Association*

In this hour-long presentation, participants will learn how to define alcoholism and addiction to other drugs, the effects that alcohol and illicit and prescription drugs have on brain chemistry, how to recognize use and abuse of these substances and what should be done to bring about change and protect professional careers as well as the integrity of the legal profession. The presenter will rely upon his own personal journey and experience to highlight the role that The Other Bar can play in the recovery process. The presentation will include a catered lunch. **Free valet parking. Please note new date.**

### **TO REGISTER, CHOOSE ONE OF THE FOLLOWING:**

**ON-LINE** at [OCWLA.org](http://OCWLA.org), **E-MAIL** this completed form to [info@OCWLA.org](mailto:info@OCWLA.org),  
**MAIL** to OCWLA, P.O. Box 6130, Newport Beach, CA 92658, or **CALL** (949) 440-6700 ext. 259  
**PREPAYMENT BY PAYPAL, CHECK OR CREDIT CARD IS REQUIRED.**

Number of Registering Attendees January 20, 2017:

- |  |   |
|--|---|
| <input type="checkbox"/> OCWLA Member @ \$35: _____      | <input type="checkbox"/> Judge @ \$35: _____      |
| <input type="checkbox"/> Mommy Esq. Member @ \$35: _____ | <input type="checkbox"/> Non-Member @ \$50: _____ |
|  | <input type="checkbox"/> Student @ \$35: _____    |

\_\_\_\_\_  
First and Last Name(s) (please print)

\_\_\_\_\_  
E-mail address (By providing your email address, you agree to allow the OCWLA to email you regarding new events)

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Billing Street Address

\_\_\_\_\_  
Billing City

\_\_\_\_\_  
State, Zip

\_\_\_\_\_  
Billing Phone Number

\_\_\_\_\_  
Total enclosed/to be charged (please make checks payable to "OCWLA")

\_\_\_\_\_  
Check Number

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Card Expiration Date

\_\_\_\_\_  
Cardholder Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note:** We charge for reservations made but not honored and for cancellations received after the reservation deadline of Jan 17, 2017. We charge an additional \$5 for walk-ins, payments at the door and for reservations made after the deadline.