Behind the Robe: View from the Bench

*Developed with the Circuit Court/Associate Circuit/Civil Practice Committee*

Tuesday, October 13, 2015 • 3:00 – 4:30 PM

KCMBA Conference Center

Credit: Missouri – 1.5 / Kansas – Pending

Cost: KCMBA Member – $45 / Non-Member – $80

*Networking Reception following*

**DESCRIPTION**

Come get acquainted with this esteemed panel of judges as they discuss and share with the audience their views on best courtroom practice, local rules, and professionalism in and out of the courtroom.

**SCHEDULE**

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<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>3:00 PM</td>
<td>Check-in</td>
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<tr>
<td>3:15 PM</td>
<td>Program</td>
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<tr>
<td>4:30 PM</td>
<td>Adjourn</td>
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**SPEAKERS**

**Hon. Jeffrey C. Keal**
16th Judicial Circuit Court of Missouri, Division 28

**Hon. Mary F. Weir**
16th Judicial Circuit Court of Missouri, Division 31

**Comm. Susan E. Long**
16th Judicial Circuit Court of Missouri, Division 43

**Matthew McLaughlin** (Moderator)
Jackson County Circuit Court

*Course materials will be provided in electronic format only* and are accessible with your laptop, tablet or other mobile device during the event. Final course materials will be sent via email when size permits and posted prior to the event at kcba.org.

**Parking will be validated at the event.** **On-site registrations are welcome; however, seating and/or meals cannot be guaranteed unless you pre-register.**
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4 WAYS TO PRE-REGISTER:
1. Online at www.KCMBA.org
2. Mail completed registration form with payment to KCMBA, Two Pershing Sq.,
   2300 Main St., Suite 100, Kansas City, MO 64108
3. Fax 816-474-0103
4. Phone 816-474-4322

REGISTRATION: 15-160

**Please Print Clearly**

NAME ____________________________________________

FIRM ____________________________________________

ADDRESS _________________________________________

CITY __________________________ STATE __________ ZIP __________

OFFICE PHONE _________________________________

E-MAIL ADDRESS ________________________________

PAYMENT INFORMATION

Cost:    KCMA Member $45 / Non-Member $80

Credit Card:

☐ American Express        ☐ Discover        ☐ MasterCard        ☐ VISA

Card No. ________________________________

Exp. Date ____________________________

Cardholder Name ________________________________

Check No. __________________________ Make checks payable to KCMA

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