

2025 Summer Bar Conference Registration Form

Attendees of the meeting consent to being photographed for historical and marketing purposes.

Name of Registrant _____ ME Bar # _____

Organization _____

Email Address _____ Tel # _____

Names of Guests/Children _____

Dietary Restrictions/Food Allergies: _____

Registration Information: Pre-registration is available until **June 22**. No registrations will be accepted without payment.

Cancellations: You may cancel your registration for a full refund until 4 p.m. on **June 6**. Cancellations made from June 7–June 17, will be assessed a **\$75 administrative fee**. NO REFUNDS will be made after **June 17**. The date of cancellation is the date received at Bar Headquarters in Augusta.

Walk-In Registrations: All walk-in registrants will be required to pay the applicable registration fee **at the non-member rate**.

REGISTER BY MAY 22 AND SAVE \$25

1 Full-Meeting Registration

Includes: Wed. reception; Thurs. breakfast, lunch and dinner; Fri. breakfast; and CLE for Thurs. & Fri.

Member: \$475 (early-bird: \$450)

Non-Member: \$550 (early-bird: \$525)

Please check the meals you are attending:

Wednesday Reception

Thursday Awards Luncheon

Thursday Dinner

One-Day Registration (either Thurs. or Fri.)

THURSDAY ONLY
(Includes CLE, breakfast, lunch, and dinner)

Member: \$425 (early-bird: \$400)

Non-Member: \$500 (early-bird: \$475)

Please check the meals you are attending:

Thursday Awards Luncheon

Thursday Dinner

FRIDAY ONLY
(Includes CLE, and breakfast)

Member: \$350 (early-bird: \$325)

Non-Member: \$425 (early-bird: \$400)

2 Meals only (non-registrants & guests)

Wed. Reception@ \$65 x _____ (#) = \$ _____

Thurs. Awards Luncheon ..@ \$45 x _____ (#) = \$ _____

Thurs. Dinner

Adults@ \$75 x _____ (#) = \$ _____

Children 12 and under@ \$25 x _____ (#) = \$ _____

DISCOUNTED REGISTRATION FEES:

- Public Sector members save 10% at checkout.
- New Lawyers Section members save 25% (must call MSBA for coupon code).

RESTRICTIONS:

- Discounts do not apply to meal only tickets.
- One discount code per registration. Discount codes cannot be combined.

HOW TO REGISTER

Online: www.mainebar.org, under CLE/Education.

Mail: Attn: Jennifer Altmiller | Maine State Bar Association,
124 State Street, Augusta, ME 04330

Phone: 207-622-7523, select #2 | **Fax:** 207-623-0083

Email: jaltmiller@mainebar.org

3 Please Select Your Sessions Below

THURSDAY, JUNE 26

8:00-9:15 | PLENARY SESSION

1. A View From the Pines: Legal Trends in Maine and Beyond

9:45-10:45 | CONCURRENT SESSIONS

2. Fraud in Real Estate Transactions: 2025 Developments

3. Our Duty to the Rule of Law (ethics)

4. Peak Performance: The Extended Mind (ethics)

5. Stand Up and Say Something: Objections Practice

11:15-12:15 | CONCURRENT SESSIONS

6. Anxiety, Stress, and Burnout: Wellness Challenges (Young) Lawyers Face and How We Can Better Support Them (ethics)

7. The Business and Ethics of Law Firm Withdrawal (ethics)

8. Avoiding the Oops: A Look at Malpractice Trends in Maine and the U.S.

9. Persuasion is the Point: Effective Written Advocacy for the Modern Practitioner

2:00-3:00 | PLENARY SESSION

10. Normalizing Attorney Well-Being by Eliminating Stigma (ethics)

3:15-4:15 | YOGA

Restorative Yoga

FRIDAY, JUNE 27

8:30-9:30 | CONCURRENT SESSIONS

11. Catastrophic Workplace Injury Claims

12. Data Privacy Essentials: Practical Strategies for Attorneys and Clients

13. Lawyer Tools for Better Physical, Emotional, and Mental Wellness (ethics)

14. Top Ten Tips for Taking Depositions

10:00-11:00 | CONCURRENT SESSIONS

15. Avoiding Disputes Through Contract Drafting

16. It's Me, Not You...Breaking Up Is Hard To Do (ethics)

17. Mastering the Opening Statement: Capturing the Jury from the Start

18. A View from the Bench: If Only We'd Known...

11:15-12:15 | PLENARY SESSION

19. Universal Trauma Informed Law Practice is Best Practice (H&D)





4 Payment Information

Check Enclosed # _____

Registration Subtotal \$ _____

Additional Meals Subtotal \$ _____

Total \$ _____

Card # _____ Exp. Date _____ CSC Code _____

Name on Card _____

Billing Address _____

Telephone _____ Signature _____