

2024 TADC *Virtual* Motions Practice Boot Camp



Texas Association of
Defense Counsel
P.O. Box 92468
Austin, Texas 78709

Thursday, August 22, 2024

PROGRAM AND REGISTRATION 4.50 hours CLE

PH 512-476-5225
tadc@tadc.org

Program Chair: Robert Booth, Mills Shirley L.L.P., Galveston

- 8:55am Welcome & Introductions
Gayla Corley, President
MehaffyWeber, PC, San Antonio
Robert Booth, Mills Shirley, L.L.P., Galveston, Chair
- 9:00-9:30am DRAFTING ORDERS
Rich Phillips, Holland & Knight, LLP, Dallas
- 9:30-10:30am LEVERAGING MICROSOFT WORD TO DRAFT MOTIONS
Robert Booth, Mills Shirley, L.L.P., Galveston
- 10:30-10:45am B R E A K
- 10:45-11:30am DRAFTING DISCOVERY MOTIONS
Uzo Okonkwo, MehaffyWeber, PC, San Antonio
- 11:30am-12:15pm DRAFTING SUMMARY JUDGMENTS
Kristi Kautz, Fletcher, Farley, Shipman & Salinas, LLP, Dallas
- 12:15-12:30pm B R E A K – *GRAB YOUR LUNCH*
- 12:30-1:15pm MOTIONS FOR ATTORNEY'S FEES
Jake McClellan, Beck | Redden LLP, Houston
Sandra Clark, MehaffyWeber, PC, Beaumont
- 1:15-2:00pm DRAFTING DISCOVERY RESPONSES/OBJECTIONS
Maria Moffatt, Gerstle Snelson, LLP, Dallas
- 2:00pm ADJOURN

Thanks to our Core Sponsors!





2024 TADC *Virtual* Motions Practice Boot Camp

August 22, 2024 – On a Computer near you!

Registration

Registrants **must be members of TADC**. A membership application is available at www.tadc.org
Registration for TADC Member \$275.00

Register ONLINE at www.tadc.org or scan/return this form via email/US Mail to the TADC

TADC Refund Policy Information

Registration Fees will be refunded ONLY if a written cancellation notice is received at least SEVEN (7) days prior (August 15, 2024) to the meeting date. A \$75.00 Administrative Fee will be deducted from any refund. Any cancellation made after August 15, 2024 IS NON-REFUNDABLE.

2024 TADC *VIRTUAL* Motions Practice Boot Camp Registration

CHECK THE BOX TO INDICATE YOUR REGISTRATION:

\$275.00 **A ZOOM link and information will be sent to you 24 hours prior to the seminar.**

TOTAL Registration Fee Enclosed \$ _____

NAME: _____ BAR CARD NUMBER: _____

FIRM: _____ OFFICE PHONE: _____

ADDRESS: _____ CITY _____ ZIP _____

EMAIL ADDRESS: _____

PAYMENT METHOD:

A CHECK in the amount of \$ _____ is enclosed with this form. or **REGISTER ONLINE AT WWW.TADC.ORG**

MAKE PAYABLE & MAIL THIS FORM TO: TADC, P.O. Box 92468, Austin, TX 78709

CHARGE TO: (circle one) Visa Mastercard American Express

Card Number _____ Expiration Date _____

Cardholder Name (as it appears on card – PLEASE PRINT)

Cardholder Signature

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PH: 512/476-5225
Email: tadc@tadc.org

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