

**The Georgia Public Defender Standards Council
Presents the**

2009 Trial Skills Workshop

Transition into Law Practice Program

TILPP

**July 20 – 23, 2009
(Monday – Thursday)**

**Lake Blackshear Resort & Golf Club
Cordele, GA**

REGISTRATION DUE by July 8, 2009



GPDSC Training Division

<http://training.gpdsc.com>

2009 Trial Skills Workshop

The Georgia Public Defender Standards Council invites you to attend the 2009 Transition into Law Practice Program – Trial Skills Workshop

REGISTRATION DUE by July 8, 2009

What to Expect

Participants will be introduced to the following topics related to trial skills: voir dire, opening statements, direct examination, cross examination and impeachment and closing. Participants will be exposed to these topics in large group sessions and will practice these skills in small group sessions utilizing hypothetical case scenarios.

Who Should Register

The Trial Skills Workshop is only open to attorneys who are in the TILPP “Transition into Law Practice Program”.

Workshop Schedule

The workshop will begin on Monday, July 20th (start time 10:30am) and continue through Thursday, July 23rd (1:00pm). An agenda and materials will be emailed out soon.

Lodging

Lodging accommodations are available for *Monday, July 20th – Wednesday July 23rd at Lake Blackshear – Cordele, Ga. Please provide the name, position, and gender (for anyone who will need hotel accommodations) for each registrant on the attached registration form.*Training will start at 10:30 am on Monday – if arriving Monday am is impossible due to travel distance please contact Trish McCann, TmcCann@gpdsc.org to approve any Sunday night lodging.

Please Take Note

We have a “complete meeting package rate” that includes lodging, meals, meeting space. All participants will be asked to share rooms. *If a participant wishes to pick up the cost of his/her private room, the cost is \$94 per night (\$282 for 3 nights,)single rooms are limited.* Payment in the form of a check should be mailed to GPDSC along with your registration form. You will not be able to pay by credit card at Lake Blackshear because of the package rate. All charges must be on one master bill in order for us to receive the discount.

If payment for the room is not received by July 15th, 2009, the single room requests will be cancelled and the registrant will be placed in a shared room.

Please do not contact the hotel directly. Any questions regarding lodging should be directed to: Becky Chase at 404-739-5176.

State, County-Contracted, & County Funded Issues:

GPDSC will cover the costs for state employees only. This also includes counties which have contracted with the state (GPDSC). Counties that have not contracted with GPDSC will have to cover the costs for any county-paid positions, including lodging, travel, cost of materials and meals. If you are a COUNTY PAID employee, you will be charged the following to attend the workshop:

Amount of Trial Skills 2009 for County Paid staff: **\$532.00 for single and \$391.00 for double occupancy; rate includes lodging, meals & materials.**

All county-funded employees will be invoiced upon registration and payment will be due by July 15th, 2009

Training Attendance Acknowledgment Form

Please note that on March 10, 2006 IOP 31-06, related to attendance at state training events, was approved by the standards council. PLEASE take a minute to read this policy. All staff who attend any GPDSC training events will be required to sign an acknowledgment form confirming that they understand this policy. The acknowledgment form can be found below AND at <http://training.gpdsc.com/policies.php>.

CLE

Approval for CLE credit has been requested to the State Bar of Georgia. Information on the number of CLE credit hours that will be available for this workshop will be forwarded to registrants as soon as that becomes available.

REGISTRATION DUE by July 8, 2009

ACKNOWLEDGMENT FORM

[Internal Operating Policy 31-06]

I acknowledge that I have received and reviewed the Internal Operating Policy on Training Attendance [IOP 31-06]. I understand the consequences for failure to comply with this policy.

Name

Circuit

Signature and Date



Registration Form
 2009 Trial Skills Workshop
 TILPP
 July 20 – 23, 2009
 Lake Blackshear Resort & Golf Club
 Cordele, Georgia

IMPORTANT: RESPONSES DUE BY JULY 8th!!!

Circuit: _____

Responses may be e-mailed to bchase@gacapdef.org or faxed to 404-739-5155.

If you have any questions or concerns, please call/email Trish McCann tmccann@gpdsc.org 404-232-8904.

Note: All participants will share rooms. If a participant wishes to pick up the cost of his/her private room, the cost per night is \$95 (\$190 for 2 nights) and payment in the form of a check should be mailed along with the registration form. If a participant is county paid, the cost for workshop will be \$385 for single occupancy and \$290 for double occupancy.

Please register the following individuals:

Name/Email Address	State, County contracted or county- funded	Lodging, Monday – Wednesday. July 20 th – 23 rd , 2009 (Yes/No)	Wish to pay for a single room: Please include a check for \$94 per night with registration. Total for 3 nights \$282.00
Name: Email:	<input type="checkbox"/> State/ county-contracted <input type="checkbox"/> county-paid (will be billed)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, I want to pay for a single room. <input type="checkbox"/> No, I will share a room.

Name/Email Address	State, County contracted or county- funded	Lodging, Monday – Wednesday. July 20th – 23rd, 2009 (Yes/No)	Wish to pay for a single room: Please include a check for \$94 per night with registration. Total for 3 nights \$282.00
Name:	<input type="checkbox"/> State/ county-contracted	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes, I want to pay for a single room.
Email:	<input type="checkbox"/> county-paid (will be billed)	<input type="checkbox"/> No	<input type="checkbox"/> No, I will share a room.
Name/Email Address	State, County contracted or county- funded	Lodging, Monday – Wednesday. July 20th – 23rd, 2009 (Yes/No)	Wish to pay for a single room: Please include a check for \$94 per night with registration. Total for 3 nights \$282.00
Name:	<input type="checkbox"/> State/ county-contracted	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes, I want to pay for a single room.
Email:	<input type="checkbox"/> county-paid (will be billed)	<input type="checkbox"/> No	<input type="checkbox"/> No, I will share a room.

Please indicate roommate requests here:

CPD Signature _____ Date: _____