

FPA CHAPTER MEETING - WEDNESDAY, APRIL 15, 2009!

Time: 5:30 - 6:00 PM—Registration and Networking ♦ 6:00 - 8:00 PM—Dinner & Seminar

Location: Hurricane 100 Room, UM's BankUnited Center, 1245 Dauer Drive, Coral Gables

Cost: *In Advance:* Members: \$45; Non-Members: \$55 / *At the Door:* Members: \$55; Non-Members: \$70

IN YOUR DEFENSE: HOW AND WHY A CLIENT LAWSUIT CAN HAPPEN TO YOU

Prominent local attorneys Brian Levin, Esq., Dimond Kaplan & Rothstein, P.A., and James Sallah, Esq., Sallah & Cox, LLC, will discuss what they look for as they pursue their particular mission as attorneys, and how financial advisors can avoid lawsuits. James Sallah, representing the defense-of-investment advisors, and Brian Levin, representing the plaintiff, will talk about what you can do to avoid lawsuits, and end up in either of their hands. Questions to be discussed may include: What products are most likely to cause problems for financial advisors? How does an advisor know that a lawsuit is happening against him? What is the role of a person's broker/dealer, and when will they know they need their own lawyer? What are the most important steps for advisors to incorporate in their daily practice to reduce the likelihood that a lawsuit occurs? What is the role of the SEC or FINRA? What is the interface with self-regulating/professional organizations? Is there any particular profile of the financial advisor most likely to be sued? Don't miss this "dynamic duo/duel" and what promises to be a stimulating and exciting presentation. **Accepted by CFP Board for 2 hours of CE credit.**

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To register, please forward payment by credit card or check by 5:00 PM, Monday, April 13, 2009.

Fax form below with credit card information to: 305-470-7487

OR

Mail form below with check to: FPA of Miami-Dade, P.O. Box 560982, Miami, FL 33256-0982

Payment must be received prior to meeting or guaranteed with a credit card.

Cancellations received 48 hours prior to the meeting will receive a full refund. "No-shows" will be invoiced.

Please charge my MasterCard Visa Amex or I will send a check (must be received by 4/13/09)

Credit Card # _____ Exp. Date _____ Amount _____ *(Members: \$45; Non-Members: \$55)*

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By my signature below, I hereby authorize FPA of Miami-Dade to debit my credit card for the total amount. I have read and understand the cancellation/refund policy of this registration agreement.

Date _____ Signature _____

Questions? Call 786-390-7655 or e-mail: info@FPAMiamiDade.org