



# Southern California Chapter

## Mini-Conference

### California Division of Workers' Compensation

### DWC Dream Team and

### Panel Discussion on Current Issues

Tuesday, June 3, 2008

Sheraton Suites Fairplex, Pomona

601 West McKinley Avenue

10:30 a.m.— 4:00 p.m.

#### ***DWC Dream Team:***

Carrie Nevans, *Administrative Director*  
Destie Overpeck, Esq., *Chief Council*  
Dr. Anne Searcy, *Medical Director*  
Cora Lee, *Southern California Audit Supervisor*

#### ***Special Guest Panelists:***

Honorable Janet Coulter, *WCAB/Anaheim Office*  
Lilia Ballesteros, Esq. *Law Offices of Rose, Klein  
& Marias*  
Kimberly Dyess, Esq. *Grancell, Lebovitz, Stander,  
Reubens and Thomas*

#### ***Facilitator***

Peggy Sugarman, *Training Director*  
*Grancell, Lebovitz, Stander, Reubens and Thomas*

#### **Curriculum**

First Presentation: What is coming up at DWC?  
Second Presentation: Panel Discussion – The Represented QME/AME Process:  
Challenges, Hurdles and Solutions  
Third Presentation: The New Benefit Notice Regulations

#### ***Cost***

Members:	\$100.00
Non-Members:	\$150.00

Sponsored by 3i Interpreting, Inc.



## California Division of Workers' Compensation DWC Dream Team and Panel Discussion on Current Issues Tuesday, June 3, 2008 *Registration Flyer*

**Continuing Education Credits:**

This mini-conference qualifies for CCM, WCCP, MCLE,  
 California Registered Nurse and Claims Manager

Sponsored by 3i Interpreting, Inc.



*Schedule of Events*

Registration and  
 Networking Reception: 10:30 a.m. – 11:30 a.m.  
 Luncheon: 11:30 a.m. – 12:30 p.m.  
 Education: 12:30 p.m. – 4:00 p.m.

<i>Cost</i>	
<b>Members:</b>	<b>\$100.00</b>
<b>Non-Members:</b>	<b>\$150.00</b>

*Registration & Payment*

Name: \_\_\_\_\_  
 (Please print)

AWCP Member: Yes No

Company: \_\_\_\_\_

Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Check Enclosed: Yes No

Amount: \_\_\_\_\_

Credit Card Payment Information: Visa M/C AMEX

Name (as it appears on credit card): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Charge Amount: \_\_\_\_\_

Expires: \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip Code Number: \_\_\_\_\_

Check for Vegetarian Lunch

**Mail or Fax this form with payment to AWCP**

Questions: Please call or email Connie at [Connie@awcp.org](mailto:Connie@awcp.org)

Cancellation Policy: Attendees needing to cancel must present a letter of cancellation before 5/25/08.

**Dedicated to Networking, Learning, Philanthropy**

**Join AWCP @ [www.awcp.org](http://www.awcp.org)**