



# Surviving the Economic Times:

## 50 Tips for Avoiding Employment Lawsuits

### Thursday, March 15 Seminar / Webinar

Periodic compliance of procedures is an essential preventative tool, especially in the current economic climate where many companies face daily challenges to remain in business. One lawsuit could decide that fate and close the doors. We will discuss practice tips for before, during, and after employment.

#### TOPICS TO BE COVERED:

- Pre-employment Procedures
- At-will Employment Practices
- Concerns During Employment
- Termination Practices

**FREE SEMINAR /  
WEBINAR FOR SDCMS  
MEMBERS AND STAFF**

**WHEN:** Thursday, March 15, 11:30am–1:00pm • **LUNCH WILL BE SERVED!**

**SEMINAR LOCATION:** SDCMS Meeting Room: 5575 Ruffin Road, Suite 250, San Diego 92123.

**WEBINAR LOCATION:** Wherever You Are With a Computer and an Internet Connection!

**PRESENTER:** Elizabeth J. Koumas, Esq., Founder, Koumas Law Group — Ms. Koumas has extensive experience in labor law compliance and employment litigation. Her practice focuses on the defense of employers in both state and federal court, administrative claims filed with the Labor Commissioner, the Department of Fair Employment and Housing, the Equal Employment Opportunity Commission, and the Employment Development Department.

**REGISTRATION:** Fax This Completed Form to SDCMS at (858) 569-1334 by March 14, 2012

**QUESTIONS?** Contact Serena Sauerheber at SDCMS at (858) 300-2779 or at [Serena.Sauerheber@SDCMS.org](mailto:Serena.Sauerheber@SDCMS.org)

## TO REGISTER: FAX COMPLETED FORM TO SDCMS AT (858) 569-1334

WHICH WILL ATTENDEE(S) ATTEND? Seminar  or Webinar \*

\***WEBINAR NOTICE:** An email will be sent to the email address you list on your completed registration form. That email will contain a link that you will need to click on to complete your webinar registration process. We cannot guarantee your webinar attendance if you do not register for the webinar AND complete the registration process at least one day before the webinar. Thank you for your understanding!

Member Physician's Full Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Attendee Name(s)/Title(s): \_\_\_\_\_