

Community Prosecution Programs Seminar

February 9–11, 2009

Embassy Suites Hotel & Spa
La Quinta



This two and one-half-day seminar will focus on problem solving, strategic planning, working with the community to prevent crime and violence, and improving public safety through community prosecution programs.

TOPICS Neighborhood/Community Outreach • Injunctions • Ethical Considerations • Foreclosures • Best Practices Roundtable • Innovative Partnerships • Good Neighbor Agreements • Prostitution Diversion Programs • Update of Sex Offender Laws • Human Trafficking • Medical Marijuana Dispensaries • Combating Graffiti • Cyberspace as an Investigative Tool • Alcohol Abuse & Use Programs • Nuisance Issues • Re-Entry Parolee Programs • Homeless Courts

TUITION \$225

HOTEL INFORMATION The **Embassy Suites Hotel & Spa** is located at 50-777 Santa Rosa Plaza in La Quinta. To receive the special CDAA room rate of \$110 single/double occupancy (plus hotel tax), which includes cooked-to-order breakfast each morning, call the hotel at (760) 777-1711 and mention CDAA. Although the cut-off date for hotel reservations is **January 14, 2009**, make your reservation as soon as possible as rooms may sell out before the deadline. **Please note: the hotel has a strict 72-hour cancellation policy.** For parking and airport shuttle information, see pages 64–67.

MCLE CERTIFICATION This course is certified for **15** MCLE hours, including **1** hour of Ethics credit (subject to final approval of agenda).

TECHNICAL ADVISORS Karen Maxwell, Supervising Deputy District Attorney, Sacramento County
Karen Bell, Chief Deputy District Attorney, San Bernardino County

SCHOLARSHIP INFORMATION There are no scholarships available for this program.

CONTACT Jill Brusco, Training Consultant (jbrusco@cdaa.org)

CDAA MCLE Registration Form

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Do you want to share most innovative program, biggest problem, or how you started a program with very little funds? Yes No

Name: _____ **State Bar Number/P.O.S.T. ID Number:** _____
(as registered with the State Bar)

Preferred Name: _____ **Title:** _____
(for name tag)

Agency: _____ **Direct Phone:** _____

Address: _____ **Fax:** _____

City, State, ZIP: _____

E-mail: _____ **Payment:** Company Check Personal Check Credit Card

Visa M/C Disc AmEx **Card Number:** _____ **Exp. Date:** _____

Name on Card: _____ **Signature:** _____

Emergency Contact Name: _____ **Phone:** _____

Register online at www.cdaa.org/training/index.asp or register by faxing this form to:
CDAA • 921 11th Street, Suite 300 • Sacramento, CA 95814 • www.cdaa.org • (916) 443-2017 • Fax (916) 443-2886

PHONE REGISTRATIONS WILL NOT BE ACCEPTED.