



# NJ Trust and Business Accounting: Surviving an Audit

2.0  
Ethics  
Credits

### DISTINGUISHED PANELISTS

**John W. Celmer**  
VP, Investors Bank

**Steven L. Menaker, Esq.**  
Chasan, Leyner & Lamparello, PC

**Rick Kabra, Ph. D.**  
CEO, Cosmolex Cloud

**Matthew Schwartz, CPA/CFF, CFE, CIRA**  
Bederson, LLP

**Moderator:**  
**Maritza Rodriquez, Esq.**

Date:

**March 21, 2017**

8:00 a.m.—11:00 a.m.

Location:

Andy's Cafe  
354 Eisenhower Parkway  
Plaza II  
Livingston, NJ

ECBA Members  
\$35.00

Non-Members  
\$60.00

ECBA YLS  
\$20.00

Event generously supported by:

**Bederson LLP &**

**Veritext Legal Solutions**

***“Ethics Budget Calls for Beefed Up Random– Audit Program.”***

New Jersey Law Journal  
October 31, 2014

Are you ready? Join this lively panel discussion with esteemed colleagues on this important issue of professionalism and law practice management.

- Accounting basics
- Attorney reporting requirements & financial recordkeeping
- IOLTA
- Court approved software programs
- Maintaining business accounts
- Fiduciary responsibilities for attorney trust accounts
- Responding to attorney trust account audits
- Opportunity for questions and answers

***This program is 170 minutes of CLE programming*** and includes a 10 minute break. Program have been tentatively approved by the Board of Continuing Legal Education of the Supreme Court of New Jersey for ***3.4 hours of total CLE credits, including 2.0 Ethics Credits***. This program satisfies the requirements for newly admitted attorneys pursuant to BCLE Reg. 201.2 and can be applied as credits for Certified Trial Attorneys, where appropriate. By virtue of reciprocity, all NJ CLE Credits also satisfy New York CLE requirements. *Pennsylvania CLE credits available upon request - \$10 surcharge will apply.*

**Please return form and payment to: Essex County Bar Foundation**

470 Dr. Martin Luther King Blvd., Room B01, Newark, New Jersey 07102

Phone:: 973-622-6207

Fax: 973.622.4341

Email: wsdeer@essexbar.com

Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

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

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

Payment: Check Number \_\_\_\_\_ Billing Address: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp: MM/YYYY \_\_\_\_\_ CCV# \_\_\_\_\_

Signature (credit card only) \_\_\_\_\_