

Ethical Considerations for Solo and Small Firm Practitioners

Tuesday, July 21, 2026 • 12:00 – 12:50 pm
KCMBA Event Center or Live via Zoom
Credit: Missouri – 1.0 ethics / Kansas – 1.0 ethics
Cost: KCMBA Member – \$55 / Non-Member – \$100

DESCRIPTION

A discussion of the most common ethical complaints year-over-year based on MO OCDC report + KS reported data. A review of how those top 10 ethical complaints uniquely relate to Solo and Small Firm Practitioners. Specifically, we will discuss the Rules of Professional Conduct: Communication, Diligence, Competence, Excessive Fees, 8.4c, Trust Accounting, Confidentiality, etc. We will review MO and KS published cases to apply ethical complaints to real-world scenarios and provide tips/tricks for Solo and Small Firm attorneys to employ to avoid a complaint for admonition/suspension/etc.

SCHEDULE

12:00 PM Program

12:50 PM Adjourn

SPEAKERS

Danielle M. Atchison, *Mdivani Corporate Immigration Law Firm*

*Course materials will be sent via email.

PROGRAM WILL BE HELD IN
HYBRID FORMAT

ZOOM ACCESS LINK WILL BE
SENT UPON REGISTRATION

4 WAYS TO PRE-REGISTER:

1. **Online** at kcmba.org
2. **Mail** completed registration form with payment to KCMBA, 2300 Main St., Suite 100, Kansas City, MO 64108.
3. **Fax** (816) 474-0103
4. **Phone** (816) 474-4322

Parking is available in the parking garage and will be validated at the event. Visit [KCMBA's website](https://kcmba.org) for directions and a map.

Cancellations received 48 hours or more prior to the start of an event may receive a refund minus a \$25 processing fee, or a credit voucher in the full amount of the fees paid which will be valid for one year from the date of the event.

Substitutions for paid registrations are accepted. Credit vouchers are transferable.

No shows will not receive a refund or credit voucher. A request for refund due to emergency or hardship must be received in writing no more than 30 days after the event date.

Special accommodations may be made by contacting KCMBA at (816) 474-4322 prior to the program date.

KCMBA.org



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REGISTRATION: 26_129



****Please Print Clearly****

NAME _____

FIRM _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

OFFICE PHONE _____

E-MAIL ADDRESS _____

PAYMENT INFORMATION

Cost: \$55 members / \$100 non-members

Credit Card:

☐ American Express ☐ Discover ☐ MasterCard ☐ VISA

Card No. _____

Exp. Date _____ CVC#: _____

Cardholder Name _____

Check No. _____ *Make checks payable to KCMBA*

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