

The HSBA Real Property and Financial Services Section Presents



Friday, July 21, 2017
8:30 a.m. - 10:30 a.m.

Where: HEI Conference Room
1001 Bishop Street, 8th Floor
Honolulu, HI 96813

Cost: \$20 for RPFSS Members
\$60 for Other HSBA Members
\$60 for Non-HSBA Members

Attorneys may join the RPFSS to take advantage of the RPFSS Member rate, membership is \$30.

*If you would like to join RPFSS, please submit separate checks made out to HSBA for RPFSS membership payment and CLE Registration.

Credit: This seminar qualifies for 2 CLE Credits

Contact: HSBA CLE Department
at 808-537-1868
or CLE@hsba.org

Presented by:

Andrea K. Ushijima
Cades Schutte

Rick Kiefer
Cades Schutte

Kimi Ide-Foster
Chun Kerr



2017 RPFSS Legislative Update

Legislative Topics include: Condominiums, Homeowners Associations, Landlord-Tenant Code, Mortgages, Foreclosures, Security Interests in Real Property, Agricultural Districts, Highways, Climate Change, Wastewater, Water Infrastructure Loans, Dams and Reservoirs, Cesspools, Affordable Housing, Homebuyer Assistance, Hawaii Housing Finance and Development Corporation, Housing Choice Voucher Program, Hawaiian Homes Commission Act, Community Care Foster Family Homes, State Building Codes, Contractors, Estate and Generation-Skipping Transfer Taxes, Money Transmitters, Mortgage Servicers, Mortgage Loan Originators, Appraisal Management Companies, Consumer Credit Reporting Agencies, Medical Marijuana, Liquor Licenses, Airport Concessions, Dental Practices, Charitable Organization Collection Boxes, and Self-Storage Facilities.

Complete and mail this form to the Hawaii State Bar Association, 1100 Alakea Street, Suite 1000, Honolulu HI 96813 OR fax (808) 521-7936 OR email CLE@hsba.org

Print Full Name _____ J.D. Number (if applicable) _____

Employer _____

Address _____

Phone _____ Email Address _____

\$20 - RPFSS MEMBERS

\$60 - OTHER HSBA MEMBER

\$60- NON-HSBA MEMBER

TOTAL PAYMENT \$ _____

ADA Accomodation Requested: Describe _____

PAYMENT TYPE: Check Visa Mastercard

Credit Card Number _____ Expiration Date _____ Security Code _____

Print Card Holder's Name _____ Card Holder's Signature _____

Cancellation/Refunds: Cancellation requests must be received in writing (to cle@hsba.org or by mail) by Friday, July 14, 2017 for a full refund. **There will be no refunds for no shows.**

Online registration available at www.hsba.org