

# REGISTRATION FORM

## Practice Management Training (PMT) 2018



Please complete the form below **IN BLOCK LETTERS** and e-mail it together with **PROOF OF PAYMENT** and a certified copy of your **IDENTITY DOCUMENT** to [Annelie@LSSALEAD.org.za](mailto:Annelie@LSSALEAD.org.za). Alternatively, please fax the documents to **086 215 6764**.

Please note that this training is only for admitted attorneys.  
Photocopies of the form may be used or the form can be downloaded from [www.LSSALEAD.org.za](http://www.LSSALEAD.org.za)

**ADDITIONAL DOCUMENTS REQUIRED**  
Proof of payment and certified copy of ID document

### A. DETAILS OF PARTICIPANT – PLEASE COMPLETE ALL FIELDS

Surname:											Title:							
Full names:											Initials:							
Identity number:											Date of Birth:		D	D	M	M	Y	Y
Race (required solely for statistical purposes):							Disability (if any):											
Employer:																		
Postal address:												Code:						
Docex address:																		
Tel no (w): (      )					Tel no (h): (      )					Fax no: (      )								
Cell no: (      )					E-mail:													
Attorney (provide date of admission):							Law society membership no:					Re-admission:						

### B. COURSE REGISTRATION DETAILS

#### 1. Choice of Intake

Intake 1: Registration Closing Date: 08 December 2017							Intake 2: Registration Closing Date: 01 June 2018							
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#### 2. Method of Study

<b>Weekday attendance</b> (2 or 3 evening classes per week – 10 sessions)														
Centers of Attendance			Cape Town			Durban			Johannesburg			Pretoria		
OR														
<b>Saturday attendance</b> (4 sessions)														
Centers of Attendance			Bloemfontein			Cape Town			Durban			East London		
			Johannesburg			Kimberley			Mthatha			Pietermaritzburg		
			Polokwane			Port Elizabeth			Potchefstroom			Pretoria		
			Witbank/Nelspruit* (Depending on numbers)											

#### 3. Course Type

<b>Full Course</b> (Price: R3 100 VAT included). All 8 modules where no exemption has been granted														
OR														
<b>Partial Exemption Granted</b> (Price: R500 per module VAT included). Please provide exemption letter and specify which modules for which you wish to apply.														
Module 1: General Introduction to Management							Module 5: Practice Administration							
Module 2: Risk Management and Insurance							Module 6: Marketing of Legal Services							
Module 3: Law Business Finance							Module 7: Human Resources Management							
Module 4: Systems and Technology							Module 8: Strategic Management							

# REGISTRATION FORM (Continued)

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### C. DECLARATION

- I declare that all particulars given by me on this form are true and correct and I undertake to abide by the rules and regulations pertaining to the training.
- I acknowledge that
  - a certificate of completion shall be awarded to me only upon
    - full compliance with all course-related requirements; and
    - full settlement of the tuition fee prior to starting the course.
  - The LSSA reserves the right to cancel my participation in the event of non-payment of the tuition fee or part thereof, and/or in the event of misconduct.
  - Should I discontinue my attendance prior to the end of the course, I shall be held liable for the full tuition fee.
- I have read and accepted the terms and conditions regarding Practice Management Training as stipulated in this brochure, and confirm that I have noted further information regarding the Terms and Conditions on the website: [www.LSSALEAD.org.za](http://www.LSSALEAD.org.za).

Signed:

Date:

D	D	M	M	Y	Y	Y	Y
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### D. PAYMENT OPTIONS

Payment by Electronic Funds Transfer (EFT)  
(see banking details below):

by Employer

Participant

Amount: R

**Bank: First National Bank (FNB) | Branch: Pretoria | Branch code: 251445**

**Account Holder: Law Society of South Africa | Account Number: 62009641079**

Account Ref: (surname, cell number OR firm name; Intake 1 or 2) NB – please provide the required details to ensure prompt registration.

Payment by cheque:

by Employer

Participant

Amount: R

**Cheques must be made payable to Law Society of South Africa and forwarded to LEAD, PO Box 27167, Sunnyside, 0132 or Docex 227, Pretoria**

Name:

Signature:

Date:

D	D	M	M	Y	Y	Y	Y
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### ENQUIRIES:

For more information on this training, please consult the LEAD website or contact the PMT Coordinators

Tel: (012) 441 4600 | E-mail: [PMT@LSSALEAD.org.za](mailto:PMT@LSSALEAD.org.za)

PLEASE NOTE: LEAD RESERVES THE RIGHT TO CANCEL A LEARNING ACTIVITY SHOULD THE NUMBER OF DELEGATES NOT JUSTIFY THE COSTS INVOLVED. REGISTERED DELEGATES WILL BE GIVEN REASONABLE NOTICE OF CANCELLATION. PLEASE CONTACT LEAD FOR GUIDELINES ON ITS REFUND POLICY.

**Please complete the form above IN BLOCK LETTERS and e-mail it together with PROOF OF PAYMENT and a certified copy of your IDENTITY DOCUMENT to [Annelie@LSSALEAD.org.za](mailto:Annelie@LSSALEAD.org.za). Alternatively, please fax the documents to 086 215 6764.**