

REGISTRATION FORM

Practice Management Training (PMT) 2019



Please complete this form below **DIGITALLY** or by hand in **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**. 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

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: 07 December 2018					Intake 2: Registration Closing Date: 31 May 2019				
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2. Method of Study

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

3. Course Type

Full Course (Price: R2 500 VAT inclusive). All 8 modules where no exemption has been granted														
OR														
Partial Exemption Granted (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.

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

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.

CANCELLATION AND REFUND POLICY (REGISTERED PERSONS): Each LEAD learning activity has a different cancellation and refund policy. Please refer to the website (www.LSSALEAD.org.za) for more details on the cancellation and refund policy specific to this learning activity.

Please complete this 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. Alternatively, please fax the documents to 086 215 6764.