# DEFENDED HEARING WORKSHOP REGISTRATION FORM

Full name:

Solicitor / Barrister

Firm / Chambers

Years of Practice:

Address

Suburb

Postcode

E-mail:

Phone Number:

## EXPERIENCE

Previous defended hearing experience

☐ None ☐ 1-3 hearings ☐ < 10 ☐ 10 - 20 ☐ 20 - 50 ☐ > 50

Any specific areas you want to improve your skills

Dietary Requirements

Accessibility Requirements

PLEASE INDICATE YOUR SELECTION BELOW -

SYDNEY - 3 SEPT 2026 ☐

NEWCASTLE - 9 AUG 2026 ☐