ALBURY WORKSHOP REGISTRATION FORM

Full name:

Solicitor / Barrister

Firm / Chambers

Years of Practice:

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 (BOTH CAN BE SELECTED) -

DEFENDED HEARINGS ☐

EVIDENCE ACT ☐

PREFERRED DATES

16 - 17 NOV ☐

25 - 26 FEB ☐

4 - 5 MARCH ☐