

collaborative law training program

PROGRAM DATES

18 February 2008
 11 March 2008 AM
 11 March 2008 PM
 18 March 2008
 24 April 2008

VENUE

Portside Centre
 Level 5, Symantec House
 207 Kent Street
 Sydney NSW 2000
 Tel: (612) 9251 9559
 Fax: (612) 9251 9558
 www.portsidecentre.com.au

TEAM DISCOUNTS*

Register a team of 4 for the collaborative law training program at the same time, from the same organisation and receive a free pass for the 5th delegate.
 * Early Bird, Team Discounts and any other discount cannot be taken concurrently

PROGRAM CHANGES

Details regarding this conference were confirmed and correct at the time of printing. LexisNexis reserves the right to cancel or amend the program details at any time if required.

CANCELLATION

SESSION 1: Your registration will be confirmed in writing when full payment is received. We will refund your registration in full less a \$165 administration fee if notification is received in writing by 21 January 2008. If we receive written notification between 22 January and 4 February 2008 you will receive a 50% refund and program documents. No cancellation requests will be accepted after 4 February 2008. You may nominate a replacement, however no refund will be issued.

SESSION 2: Your registration will be confirmed in writing when full payment is received. We will refund your registration in full less a \$165 administration fee if notification is received in writing by 12 February 2008. If we receive written notification between 13 February and 26 February 2008 you will receive a 50% refund and program documents. No cancellation requests will be accepted after 26 February 2008. You may nominate a replacement, however no refund will be issued.

SESSION 3: Your registration will be confirmed in writing when full payment is received. We will refund your registration in full less a \$165 administration fee if notification is received in writing by 12 February 2008. If we receive written notification between 13 February and 26 February 2008 you will receive a 50% refund and program documents. No cancellation requests will be accepted after 26 February 2008. You may nominate a replacement, however no refund will be issued.

SESSION 4: Your registration will be confirmed in writing when full payment is received. We will refund your registration in full less a \$165 administration fee if notification is received in writing by 19 February 2008. If we receive written notification between 20 February and 4 March 2008 you will receive a 50% refund and program documents. No cancellation requests will be accepted after 4 March 2008. You may nominate a replacement, however no refund will be issued.

SESSION 5: Your registration will be confirmed in writing when full payment is received. We will refund your registration in full less a \$165 administration fee if notification is received in writing by 27 March 2008. If we receive written notification between 28 March and 10 April 2008 you will receive a 50% refund and program documents. No cancellation requests will be accepted after 10 April 2008. You may nominate a replacement, however no refund will be issued.

PROGRAM OVERVIEW

With divorce cases on the rise, people are now more conscious of the need for alternative dispute resolution processes, a goal driven approach that will result in the best interest of all involved. Collaborative law involves lawyers, financial planners, family dispute resolution practitioners and other professionals to work as a team to employ problem solving skills to help clients participate in interest based negotiations. The program is developed in line with international best practice.

The **collaborative law training program** is a series of practical skills based workshops that include:

- Working together as a collaborative team
- Understanding the difference between collaborative law and lawyer negotiated settlement
- The role of the third neutral third party financial adviser
- The role of the collaborative coach, child consultant, mediator and family dispute practitioner
- Working in the interdisciplinary collaborative team

IMPORTANT PRIVACY NOTICE:

The information you provide on this form is collected by Reed International Books Australia Pty Limited for the purposes of processing your registration or enquiry and keeping you informed of upcoming products, services and events. The information is disclosed from time to time to our related bodies corporate for these purposes. The provision of this information by you is voluntary but if you do not provide some or all of the requested information we may be unable to properly process your registration. You have both a right of access to the personal information we hold about you and to ask us to correct it if it is inaccurate or out of date. Please direct your enquiries to privacy@lexisnexis.com.au

Tick here if you DO NOT wish to receive information about upcoming events

Four easy ways to register

Phone 1800 772 772
Fax (02) 9422 2338
Online www.lexisnexis.com.au

Mail Conference Co-ordinator, LexisNexis
 Locked Bag 2222,
 Chatswood Delivery Centre, Chatswood NSW 2067

Please complete sections A, B and C

Program code: S1-PD3908, S2&3-PD3408, S4-PD4008, S5-PD4108

ABN: 70 001 002 357

YES! I would like to register for the collaborative law training program

A STANDARD PRICE

Full program (Save \$100) **\$1750.00 + GST = \$1925**

Lawyer – Session 1, 2 & 5

Financial Planner – Session 1, 3 & 5

Dispute Resolution, Mediator, Child Specialists – Session 1, 4 & 5

Individual session/s **\$450.00 + GST = \$495**

I will be attending the following session only: Session 1 Session 2

Session 3 Session 4

Session 5 Workshop only **\$950.00 + GST = \$1045**

B Payment Details Payment is due upon registration

Enclosed is my cheque for \$ _____ made payable to LexisNexis

Pay by credit card
 Please charge \$ _____ to Mastercard Visa
 American Express

Card No: _____

Expiry: ____/____

Name of cardholder _____

Signature of cardholder _____

Charge to my LexisNexis account: \$ _____

Account no. _____

Signature _____

C Delegate details (for additional delegates please photocopy form)

Mr/Ms/Dr _____
first name surname

Position _____

Organisation _____

Postal Address _____

Suburb _____ Postcode _____ State _____

Telephone _____

Fax _____

Email _____

YES! I would like to receive information on upcoming events via email.