



CONTINUING PROFESSIONAL DEVELOPMENT

Law Society of Ontario
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PRESENTER APPLICATION FORM FOR LAWYERS

Please tell us more about yourself:

First/Last Name: _____

Firm Name/Company Name: _____ Number of years experience: _____

Telephone: _____ Facsimile: _____

Email: _____

Area(s) of practice:

- | | | |
|---|---|--|
| <input type="checkbox"/> ADR/Mediation | <input type="checkbox"/> Corporate/Commercial | <input type="checkbox"/> Property Tax |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Criminal | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Bankruptcy & Insolvency | <input type="checkbox"/> Employment/Labour | <input type="checkbox"/> Securities |
| <input type="checkbox"/> Civil Litigation | <input type="checkbox"/> Environment | <input type="checkbox"/> Wills & Estates |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Family | |
| <input type="checkbox"/> Workplace Safety & Insurance | <input type="checkbox"/> Immigration | |
| <input type="checkbox"/> Other - please list specific area(s) of focus: _____ | | |

Which of the following presenter roles are of most interest to you?

- | | |
|--|--|
| <input type="checkbox"/> Lecturer in large group programs | <input type="checkbox"/> Presenter in telephone seminar programs |
| <input type="checkbox"/> Facilitator in small group programs | <input type="checkbox"/> Instructor in workshop programs |

What is the level of experience of your preferred audience?

- | | | |
|--|--|---|
| <input type="checkbox"/> Essential (0-5 years) | <input type="checkbox"/> Intermediate (5-10 years) | <input type="checkbox"/> Senior (10+ years) |
|--|--|---|

Describe any training or experience you have had as a presenter and/or instructor: