

Program Application

Please Fax Completed Application to 866-859-8126 or email to office@pilmma.org

Program for Owner or Managing Partner only

Name:		Law Firm:			
Address:					
City:	State:	Postal Code:	Country:		
Phone:		Cell Phone:			
Fax:		Email:			
Office Manager:		Email:			
Top 3 Areas of Practice: 1		2	3		
Please answer the following questions honestly and to the best to your ability					
1. What percentage, if any, o	f your Marketing Bud	lget do you allocate for each:			
TV:	Yellow Pages:	_ Newspaper:	Internet:		
Direct Mail: H	Billboards:	Client Newsletter:	Radio:		
Client Surveys: N	Magazines:	Holiday & Birthday Cards:	Other:		
2. How many lawyers do you	ı have?	Staff:			
3. How much did you spend on marketing your practice last year?					
4. Were your annual fee revo	enues for last year?	 [] Less than 1 Million [] 1 - 3 Million [] 3 - 5 Million [] 5 - 10 Million [] Over 10 Million 			
5. Do you have someone in-house coordinating your marketing? Yes - No					
6. Do you have a Strategic Marketing Plan and Budget? If so, what is it?					

7. Do you refer cases out, collect referral fees, or take referrals from other firms? Yes - No

Bankruptcy:	Estate Planning:	Social Security Disability:
Criminal:	Immigration:	Veterans Benefits:
Domestic:	Mass Torts:	Workers Compensation:
Employment:	Personal Injury:	Other:
9. Do you have a method of the If so, please explain.	racking what marketing practic	res gives you the biggest bang for your buck?
10. What 3 marketing practices	s have you done that have beer	n the most successful over the past 12 months?
1.		
2.		
3.		
11. What 3 management pract	ices that you have implemente	d have been the most successful over the past
1.		
2.		
3.		
12. What 3 things have been the	ne most frustrating for you in n	narketing your law firm in the last 12 months?
1.		
2.		
3.		
13. What 3 things have been the	ne most frustrating for you in r	managing your law firm in the last 12 months?
1.		
2.		
3.		

8. What percentage of your practice is concentrated in the following?

14. Your schedule:				
Number of hours you work on average per week: hours				
Number of hours you'd <u>prefer</u> to work on average per week: l	nours			
Percentage of work time you rank as productive: %				
Number of hours per week you work "on" your business: hou	ırs			
Number of weeks per year taken on vacation: 2016: 2017:	_ 2018: 2019:			
I understand that this is an application for PILMMA Strategic Attorney Coach Membership and Final Approval will be based on a decision by President/Founder Ken Hardison. I acknowledge that I will be notified of their decision at their earliest convenience and further payment information will be supplied to them up approval of membership into PILMMA's Strategic Attorney Coach Program.				
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Signature:	Date:			