

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:	Phone: Cell Phone:					
Fax:		_ Email:				
Office Manager:		Email:				
Marketing Director:		Email:				
Top 3 Areas of Practice: 1.		23				
Please answer the following questions honestly and to the best to your ability 1. What percentage, if any, of your Marketing Budget do you allocate for each:						
TV:		Newspaper:	Internet:			
Direct Mail:	Billboards:	Client Newsletter:	Radio:			
Client Surveys:	Magazines:	Holiday & Birthday Cards:	Other:			
2. How many lawyers do yo	ou have?	Staff:				
3. How much did you spend on marketing your practice last year?						
4. Were your annual fee re	evenues for last year?	 Less than 1 Million 1 – 3 Million 3 – 5 Million 5 – 10 Million Over 10 Million 				
5. Do you have someone ir	n-house coordinating y	our 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 PILMMA Strategic Attorney Coach Application						

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

Bankruptcy:	Estate Planning:	Social Security Disability:
Criminal:	Immigration:	Veterans Benefits:
Domestic:	Mass Torts:	Workers Compensation:
Employment:	Personal Injury:	Other:

10. What 3 marketing practices have you done that have been the most successful over the past 12 months?

- 1.
- 3.

11. What 3 management practices that you have implemented have been the most successful over the past 12 months

- 1.
- 2.
- 3.

12. What 3 things have been the most frustrating for you in marketing your law firm in the last 12 months?

1. 2. 3.

13. What 3 things have been the most frustrating for you in managing your law firm in the last12 months?

- 1.
- 2.
- 3.

14. Your schedule:

Number of hours you work on average per week:	_ hours			
Number of hours you'd prefer to work on average per week:		_hours		
Percentage of work time you rank as productive:	_%			
Number of hours per week you work "on" your business:	h	ours		
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.

Signature:	Date:
How did you hear about PILMMA?	
What prompted you to contact us?	