

NEXT SESSION BEGINS 9:00 AM, FEBRUARY 5, 2002

Practice Success Circle is a group of CGA's that participate via teleconference in an advanced practice management program. Participants obtain a total of **50 professional development points** from the comfort of their own office or home. The group participates in a teleconference twice a month for twelve months to explore different areas of building and maintaining their public practices. The program provides the skills to re-focus the participants public practice to add more of the small business management consulting work that you enjoy and your clients need. Participants will be expected to specifically utilize the tools that they learn and report, via confidential e-mail, to the facilitator. The **Practice Success Circle** groups are limited, please register early to ensure your participation.

Some topics to be covered in Practice Success Circle:

- identify and engage ideal clients how to ask the right questions
- create value added proposals that deliver what clients need and provide premium fees
- how to "CARE" for clients so that they remain loyal and provide referrals
- how to build powerful strategic alliances
- how to build a market niche that is both profitable and personal rewarding
- setting clear goals for a successful practice
- how to be more productive to obtain life balance

Each member of the Practice Success Circle group will receive:

- two, one hour teleconference sessions with other members of the group
- one monthly open call-in forum for individual questions and assistance
- weekly assignments and class notes via email
- e-mail support and review
- confidential RealAudio access to past teleconference sessions over the past four weeks (minimum)

The following are comments from existing participants in PSO:

"What I find valuable from our teleconferences is the ability to gain insight from the experiences of other members in the group. The Practice Success Circle provided the opportunity to discuss and receive support for issues specific to my practice – I highly recommend it." Ann Senae, BA, CGA, Mission, BC

"I have now given myself the permission to fire clients that are not ideal. This program is giving me the tools to expand my business with my existing client base and resources that I already have" Janet Kirby, CGA, Kelowna

This program is facilitated by Kevin Lawrence. Kevin is a "Business Coach" and works with accountants to assist them in achieving profitable growth in their public practices. He also assists his clients in finding balance in their personal and professional life by accomplishing their short-term and long-term goals. For more information about Kevin, feel free to contact him at kevin-lawrence.com

This program is specifically designed in partnership with the CGA-BC Public Practice Division. The cost of the twelve month program is \$125 plus GST per month for a total of \$1,605.

For more information please contact Tina Peters, BA, CGA, Public Practice Advisor in Vancouver at (604) 730-6232 or toll free at 1-800-565-1211 ext 232 or tpeters@cga-bc.org.

To reserve your space, please complete and submit the registration form on the reverse.

CGA-BC Practice Success Circle

REGISTRATION FORM

REGISTER EARLY
Groups are limited

1. Complete your registration form in full.
 2. Fax your registration with credit card payment to Anita at (604) 732-9439
- OR**
3. Make cheque payable to **SGI Synergy Group Inc.** and mail your registration form with cheque to:

CGA Association of British Columbia
300 – 1867 West Broadway
Vancouver BC V6J 5L4

For more information please contact

Tina Peters, BA, CGA
(604) 730-6232
1-800-565-1211

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PD Points
from the
comfort of
your own
office or home

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PSC Start Date:

Tuesday, February 5, 2002, 9:00 a.m.

Registration Fee: \$133.75 per month for 12 months

(GST BN883661381 included)

CGA FCGA CGA Student CA CMA Other

Name _____

Address _____

City _____ Postal code _____

Phone (daytime) _____ Fax (daytime) _____

Email Address: _____

Company Name _____

Company Address _____

City _____ Postal code _____

I wish to pay by: Cheque Visa MasterCard

Card # _____ Expiry _____

Name of cardholder _____

Signature _____