48 Hour Domestic Mediator Training Registration Form

Fri. April 24 – Sat. April 25; Mon. April 27-Wed April 29, and May 11, 2015

Kent County Courthouse Grand Rapids, MI * (4/25 and 5/11 different location.)

Contact information

Print name as you wish it to appear on certificate: _____

Phone: _____ Email: _____

Mailing Address: _____

City/State/Zip: _____

Background information for trainer

Occupation/Employer: _____

Education (list degrees): _____

Related Experience/Training: _____

_____

Other information

Where did you hear about this Mediator Training?

□ drcwm.org □ SCAO □ email □ friend □ Bar Assoc. □ other _____

Special accommodations or dietary needs_____

_____

Please send this completed form ASAP (slots are limited!) via email, fax, or mail to:

Email: info@drcwm.org
Fax: 616-774-0323
Mail: Dispute Resolution Center of West Michigan
678 Front Ave NW Ste 250
Grand Rapids MI 49504-5368

☐ **Check here to reserve your spot with a deposit of $200.00 (Balance due 4/15/15)**

☐ **Check here if paying in full $750.00**

☐ **Check here to pay by credit card**

□ *VISA* □ *MasterCard* □ *Discover* □ *Am Ex* Amount $_____

Name on card: _____ Exp. Date: _____

Card #: _____ Signature: _____

☐ **Check here to pay by check and save $10 ($740 total)**

Mail check payable to the *DRCWM* to address above.

Registration confirmation

Email confirmation will be sent upon receipt of payment. Additional training information will be sent to participants approximately 1-2 weeks prior to start of training.

For Administrative Purposes Only: Date Received ____/____/____ confirm sent ____/____/____
Amount rec'd: $_____Check__CC__ Amount rec'd: $_____Check__CC__