

Domestic Violence Screening Protocol Training

Monday May 16, 2016

Riverview Center, 678 Front Avenue N.W., River Room, Grand Rapids, MI

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

Cost \$150.00

Check here if paying by check

Check here to pay by credit card

VISA MasterCard Discover Am Ex Amount \$ _____

Name on card: _____ Exp. Date: _____

Card #: _____ Signature: _____

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 _____
