



40

HOUR

**MCR 2.411 General Civil Mediation Training
SCAO Approved for Court Roster Mediators
October 25, 26, 27 & 29, 30th 2012
8:30am – 5:30pm**

LOCATION

United Methodist Church
First United Methodist Church
411 Harrison, Grand Ledge, MI 48837

OUTSTANDING TRAINING FEATURING Susan Butterwick, one of Michigan's finest, most respected and experienced trainers. Susan leads this intensive and highly interactive 40-hour SCAO approved training using hands-on demonstrations, multi-media training formats, mini-lectures and round table discussions. Qualified and experienced observers/coaches complete the picture, providing individualized feedback.

REGISTRATION Class size is limited. Attendance at all 40 hours is mandatory to receive a certificate of completion. Cost is \$750.00 per person. A \$350.00 deposit must be returned with your registration to reserve your seat with the balance to be received no later than October 8, 2012. Resolution Services Center of Central Michigan reserves the right to retain \$75.00 for any cancellations made before October 8, 2012. Refunds after that time will be made only for good cause and at the discretion of the Center.

TO REGISTER, request a registration form by calling 517.485.2274 or by visiting our website at www.rscem.org. The registration form is under the "Training" link.



REGISTRATION FORM
2.411 GENERAL CIVIL MEDIATION TRAINING

October 25, 26, 27 & 29, 30th 2012
8:30am – 5:30pm

United Methodist Church

First United Methodist Church, 411 Harrison, Grand Ledge, MI 48837

Total cost for this training is \$750.00 and includes training manuals, trainer fees and certificate of completion. In order to secure your space in this training, please complete the form below and return it with an initial payment in the amount of \$350.00. Balance of training fee is due by October 8, 2012. Registration form and payment must be sent to Resolution Services Center of Central Michigan, 229 N. Pine St., Lansing, MI 48933. For more information or to register by phone, contact 517.485.2274.

Please print legibly as this information will be used for your Certificate of Completion

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ County: _____

Telephone Day: _____ Evening: _____ Occupation: _____

Check made payable to Resolution Services Center of Central Michigan in the amount of \$_____ enclosed.
(If partial payment is enclosed, balance of fees must be received by 10/08/12 to hold the registration.)

Credit Card, Information Below

I authorize \$_____ be charged to the account listed below..

Card Number _____ Exp. Date _____ Billing Zip code _____

Signature _____ Date _____

Class size is limited and will be filled on a first-come, first-served basis. Your seat will be reserved once payment is received. Resolution Services Center of Central Michigan reserves the right to retain \$75.00 for any cancellations made before 10/08/12. Refunds after that time will be made only for good cause and at the discretion of the Center. Full refunds will be made if the training is cancelled for any reason.