



# Day 1 & Day 2 Training Introduction to Restorative Practices (RP) (10/25/17) Using Circles Effectively (10/26/17) Registration Form

RVC Offices 678 Front Ave., NW, 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: \_\_\_\_\_

Intended use for training \_\_\_\_\_

**Other information**

Where did you hear about this 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](mailto: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 if applicable	Cost	Your cost
Intro. to RP & Using Circles Effectively	<input type="checkbox"/>	\$300.00	
		Total	
\$50.00 deposit to hold space**	<input type="checkbox"/>	(-)\$50.00	
Payment in full at registration	<input type="checkbox"/>	(-) _____	
		Balance Due Oct. 20, 2017	

\*\*deposit becomes non-refundable October 18, 2017

**Check here to pay by check**

Mail check payable to the *Dispute Resolution Center* to address above.

**Check here to pay by credit card**

VISA    MasterCard    Discover    Am Ex   Amount \$ \_\_\_\_\_

Name on card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card #: \_\_\_\_\_ Signature: \_\_\_\_\_

For Administrative Purposes Only: Date Received ____/____/____ confirm sent ____/____/____			
Amount rec'd: \$ _____	Check _____	CC _____	Amount rec'd: \$ _____
			Check _____
			CC _____