

40 Hour General Civil Training Registration Form

May 28-30, June 4-6 -- Kent County Courthouse

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

If paying by credit card (\$795 total):

If you prefer to pay by credit card, please complete this form & submit along with your registration.

☐ VISA ☐ MasterCard ☐ Discover Amount \$ _____

Name on card: _____ Exp. Date: _____

Card #: _____ Signature: _____

Pay by check and save \$20 (\$775 total)

Mail check payable to the *Dispute Resolution Center* 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