



40 Hour General Civil Training Registration Form

April 26, 27, 28 and May 3,4,5, 2017 – 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: _____

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 if applicable	cost	your cost
Price of Mediation Course	X	\$695	
Cost Participant Notebook (OPTIONAL)		\$50	
Cost Participant Notebook in PDF format (only)		\$0	
		Total Cost	
\$200.00 deposit to hold space**		(-)\$200	
Payment in full at registration		(-)	

		Balance Due April 18, 2017	

** payment in full due April 18, 2017, deposit becomes non-refundable April 1, 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**

<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Am Ex	Amount \$ _____
Name on card: _____	Exp. Date: _____
Card #: _____	Signature: _____

