



Basic Restorative Practices (7/31/17), Using Circles Effectively (8/1/17), and Facilitating Restorative Conferences (8/2&3/17) 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

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 all four days	<input type="checkbox"/>	\$500	
Introduction to RP and Circles (days 1 & 2 only)	<input type="checkbox"/>	\$300	
Facilitating Conferences (days 3 & 4 only)	<input type="checkbox"/>	\$300	
		Total	
\$100.00 deposit to hold space**	<input type="checkbox"/>	(-)\$100	
Payment in full at registration	<input type="checkbox"/>	(-) _____	
		**Balance Due July 21, 2017	

**deposit becomes non-refundable July 7, 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: _____

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