Registration Form – "Leading By Example" (Please print legibly and in dark ink)

Date of Training Session:		
Date Attended "Resolving Conflict Constructively":		
Name:		
Mailing Address (including Postal Code):		
Telephone: (Work)	(Home)_	
For Invoicing	Purposes	
Name of Government Department or Agency Paying:		
Address:		
City/Town and Postal Code:		
Telephone:		
Contact Person:		
Is your organization G.S.T. exempt?	□Yes	□ No
Individuals paying their own registration fee must submit weeks prior to the training event or your seat will not be he		pute Resolution Office three
Cancellation Policy: We require three weeks notice on all cancellat cancellation fee of \$325.00.	ions or you will	be charged a

For your convenience you may fax your registration form to The Dispute Resolution Office at 787-0088.