

Registration Form – “Introduction To Mediation”

(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 payment to The Dispute Resolution Office three weeks prior to the training event or your seat will not be held.

Cancellation Policy:

We require **three weeks notice** on all cancellations or you will be charged a **cancellation fee of \$325.00.**

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