

WORKPLACE MEDIATION REGISTRATION FORM

Saturday, September 25, 2010, 8:30 am – 4:30 pm

Deadline for applications: September 7, 2010

Limited enrollment: Once all applications have been reviewed, your participation will be confirmed.

Cost of Training:

\$85 – Registration fee. **Once confirmed, payment is needed by September 17, 2010.

Participant Information:

Name: _____

Home address: _____

Job Title: _____

Cell : (_____) _____

Home Phone Number : (_____) _____

E-Mail: _____

Work Phone Number : (_____) _____

1. What, if any, background or knowledge do you have with workplace conflicts?

2. What is your reason for taking the training?

3. Name as you would like it to appear on your Certificate of Completion:

I, _____ agree to pay the \$85 fee once my participation is confirmed. I agree to volunteer mediate for PCCDR for one year from this date.

Signature: _____

Date: _____

***Cancellations made prior to 10 days before start of training are refunded in full, less 10% handling fee.
No refunds for cancellations made within 10 days or less of start of training.***