

# Training Registration Form: CONFLICT RESOLUTION TRAINING



Saturday, August 14, 2010  
8:30 am - 4:30 pm

Mediation Works  
33 N Central Avenue, Suite 219  
Medford, OR 97501  
Phone: 541-770-2468  
Fax: 541-770-6022  
www.mediation-works.org

## Participant Information

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_

*Confirmation of registration and location of trainings will be sent via e-mail.*

Primary Phone: \_\_\_\_\_  
Secondary Phone: \_\_\_\_\_

How did you hear about us?

Special Needs (Dietary, etc.):

## Registration Fees

Registration Fee: \$95.00

### Payment

- Check payable to: Mediation Works
- Credit Card
- Mastercard
  - Visa
  - Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

*Call for information about becoming a Mediation Works volunteer.  
Limited scholarships available.*

## I would like to receive information on the following future trainings:

### Volunteer Trainings

- Bullying & Harassment Prevention in the Schools (ChoicePoint)
- Peer Mediation in the Schools
- Victim Assistance, Youth Accountability (VAYA)

### Public Seminars (Registration Fees Vary)

- Fundamentals of Mediation (5-Days)
- Navigating Conflict in the Workplace (One-Day)
- Conflict Resolution Training (One-Day)

If paying by mail, send registration and payment to:  
Mediation Works, 33 N. Central, Suite 219, Medford, OR 97501  
541-770-2468 / [contact@mediation-works.org](mailto:contact@mediation-works.org)

For Internal Use Only		<input type="checkbox"/> PD	<input type="checkbox"/> Cash
<input type="checkbox"/> DB	Initials _____	Date _____	
<input type="checkbox"/> CC	<input type="checkbox"/> Chk# _____	Initials _____	Date _____