

Mediation Skills Training for Collaborative Practitioners



ENROLLMENT FORM

Course Dates: _____

October 24 & 25, October 31, and November 7 & 8

Name: _____

Address: _____

Phones: cell: _____ (Put an * next to preferred number)

home: _____

work: _____

Email: _____

Preferred method of communication: phone email

Occupation: _____

Licensure(s): _____

Previous Trainings (include years):

We accept (circle one): Visa; MasterCard; Discover.

Name (as it appears on card): _____

Billing Address (if different from address above): _____

City: _____; State: _____; Zip: _____; Billing Phone #: _____

Card number: _____ - _____ - _____ - _____; Expiration: ____/____; CVV2 (sec. code): _____

Authorized amount:

\$1300 (Early enrollment discount if paid before *October 10, 2014*)

\$1500 (If paid after *October 10, 2014*)

Check enclosed for the above amount

Authorized Signature

____/____/____
Date

Completed forms and checks may be mailed to:

Brigitte Schmidt Bell, P.C./ 500 Davis Street, Suite 1006/ Evanston, Illinois 60201

Note: Payment must be received prior to _____, to secure a place in this training.

Please **FAX** this completed form to **(847) 733-0952**. You may also enroll by telephone at **(847) 733-0933**.