



www.effectivemediationconsultants.com

Advanced Mediation Training 8hr CME

(APPROVED FOR CLEs: 9.0 General, 1.0 Bias Elimination, 4.5 Ethics, 2 Technology)

REGISTRATION FORM

Print Full

Name: _____
(PRINT CLEARLY, as you would want it to appear on your certificate)

Address: _____ City: _____
State: _____ Zip: _____

Daytime Phone: _____ Other Phone: _____

Email Address _____

Profession: ___ Attorney ___ Psychologist ___ LCSW/LMHC/LMFT ___ Mediator
___ Other: _____ License #: _____ Highest Degree Earned: _____

Month of Training Being Requested: ___ Jan. 19, 2018 (FLL/MIA) ___ Feb. 9, 2018 (Mia/FLL)
___ Feb 16 (Orlando) ___ March 16, 2018

ALSO available ON DEMAND!! **“So You Want to Be a Mediator?” The Series (a 3 part Webinar Series)

Cost: \$275 (per hour pricing available)

Payment: ___ Check ___ Visa ___ MC ___ AmEx ___ Discover

Note: All checks (US dollar drawn on U.S. Bank) or money orders make payable to **i-Mediate Consulting, LLC**

Print Your Name as appears on card: _____

Credit Card # _____

Security Code/CVV _____ Exp. Date _____ Billing Zip Code: _____
(Amex – 4 digits on front, MC/Discover/Visa – 3 digits on back)

Cardholder Signature: _____

Date: _____ Amount to be charged: _____

Do you require any special accommodations due to disability? ___ NO ___ YES

Accommodation Required: _____
=====

Payment options: (choose the best option)

1) Mail form and payments to: **Stanley Zamor**
7958 Pines Blvd. #235
Pembroke Pines, Florida 33024

2) Credit/Debit: email form to: zamorADReexpert@gmail.com in the subject line [date of training]
(you will be emailed a PayPal or Square payment receipt)

Email: szamor@EffectiveMediationConsultants.com Tel: (954) 261-8600