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Advanced Negotiation & Mediation Seminar 8hr CME/CLE

(FLORIDA BAR APPROVED CLE renewal applied for)
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: ___ Saturday, January 11, 2025 ___ Saturday, Feb. 8, 2025
___ Saturday, March 8, 2025

I plan on Attending ___ LIVE online ___ Purchase the Recording

NEED MORE CMEs OR SKILLS!! CME RECORDINGS ARE AVAILABLE (contact me):

COST: \$280 (per hour pricing available)

2 Primary Ways to Pay: 1) ___ Visa ___ MC ___ AmEx ___ Discover; 3) ___ Be Sent An Online Link
** CHECK PAYMENT OPTION. **Note: All checks make payable to **Effective Mediation Consultants, 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, FL 33024
- 2) Credit/Debit: email form to: zamorADRExpert@gmail.com in the subject line [date of training]
(you will be emailed an electronic payment receipt)

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