# FLORIDA SUPREME COURT
# CIVIL MEDIATOR CERTIFICATION TRAINING
# 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 (circle one) ___ August 28- Sept. 1, 2024 ____ Sept. 18 -Sept. 22, 2024
___ November 13 – November 17, 2024 ___ Jan 22-26, 2025

**Fee: $895**
Payment: OUR Preferred choice is to email you an electronic invoice paid online. However, the following is also available, select one: ___ Electronic invoice ___ Check ____ Visa __ MC ___AmEx ___Discover
Note: All checks (US dollar drawn on U.S. Bank) or money orders make payable to **ADR Training Collaborative, LLC**

**Print Your Name as appears on card:_____**
**Credit Card #_____**
**Security Code/CCV_____ Exp. Date_____ Billing Zip Code: _____**
**(Amex – 4 digit on front, MC/Discover/Visa – 3 Digit on back)**

Cardholder Signature: _____

Date: _____ Amount to be charged:_____

Do you require any special accommodations due to disability? ____ NO ____ YES
Accommodation Required:_____
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**Registration options:** 1) Mail form and payment to: **ADR TRAINING COLLABORATIVE, LLC**;
(choose best option) 7958 Pines Blvd. #409
Pembroke Pines, Florida 33024
2) Pay online and email submitted form notating payment made online
3) Scan form then email to: info@adrctraining.com (You will be emailed/invoice paid online)
www.adrctraining.com email: info@adrctraining.com TEL: (786) 651-6071; (954) 261-8600