



Advanced Negotiation/Mediation 8hr CME

REGISTRATION FORM

(Florida Bar Approved for 9.5 CLE hours)

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) ___ January 10, 2020 (FtL) ___ January 31, 2020 019 (Boca)

Fee: \$280

Payment: ___ Check ___ Visa ___ MC ___ AmEx ___ Discover ___ I Paid ONLINE

Note: All checks (US dollar drawn on U.S. Bank) or money orders 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: _____

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Payment options: (choose the best option)

1) Mail form and payments to: **EFFECTIVE MEDIATION CONSULTANTS, LLC**

7958 Pines Blvd. #235

Pembroke Pines, Florida 33024

2) Credit/Debit: email form to: ZamorADRExpert@gmail.com in the subject line "Training[date]"

(you will be emailed an electronic payment request)