



Advanced Negotiation/Mediation 8hr CME

WEBINAR REGISTRATION FORM

(Florida Bar Approved for 10.0 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) _____ November 6, 2020 _____ November 13, 2020 _____ December 4, 2020

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: _____

=====

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)