



## FLORIDA SUPREME COURT COUNTY MEDIATOR CERTIFICATION 4 DAY 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 20 – August 23, 2025 \_\_\_\_\_ Sept. 24 – Sept. 27, 2025

### Fee: \$495

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](mailto:info@adrctraining.com) (You will be emailed/invoice paid online)

[www.adrctraining.com](http://www.adrctraining.com) email: [info@adrctraining.com](mailto:info@adrctraining.com) TEL: (786) 651-6071; (954) 261-8600