EFFECTIVE MEDIATION CONSULTANTS, LLC

www.effectivemediationconsultants.com

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:__ Friday, Friday 13, 2026;__ March 27, 2026; _April 24, 2026

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:_____
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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