



## 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) \_\_\_\_\_ March 24-28, 2021 \_\_\_\_\_ April 21- 25, 2021, \_\_\_\_\_ May 19-23, 2021

**Fee: \$895**

Payment: \_\_\_\_\_ 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: \_\_\_\_\_

**Registration options:** 1) Mail form and payment to: **ADR TRAINING COLLABORATIVE, LLC;**  
(choose best option)

7958 Pines Blvd. #235

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