



# 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)  January 8<sup>th</sup>, 2021  January 29, 2021  February 12, 2021

I plan to attend (check one)  LIVE online  Purchase Recording

**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](mailto:ZamorADRExpert@gmail.com) in the subject line "Training[ date ]"  
(you will be emailed an electronic payment request)