



Whatcom Dispute Resolution Center

13 Prospect Street, Suite 201, Bellingham, WA 98225

(p) 360-676-0122 (f) 676-0783 www.whatcomdrc.org

2011 Professional Mediation Training Registration

Name: _____

Address: _____

Phone: _____

E-mail: _____

Current Employer/Professional Affiliations: _____

Current Job Title: _____

Do you want WSBA credits? YES NO WSBA # _____

I want to attend the: Spring Session: March 31-April 2 & April 7th-9th

Fall Session: October 13-15 & October 20-22

Please briefly share your interest in attending this workshop:

The cost for the workshop is \$575. A 10% discount is available to groups of three or more that register together. We require a \$100 registration fee (regardless of discount) in order to reserve a space in the class for you. Please mark all applicable boxes below:

Registration Fee Enclosed (\$100) (non-refundable)

Full Payment Enclosed (\$575) (*Due by March 25th for Spring Session or October 7th for Fall Session, unless otherwise arranged. Please note that refunds will not be provided for cancellations less than two weeks prior to start of class*)

Payment Plan Requested: Two payments Three payments Other

I am signing up with two colleagues (names: _____ & _____)

Please check here if you are in need of any special accommodations.

Please describe _____

I understand that with the nature and structure of this workshop, full attendance and participation is necessary on each day.

Signature

Date