

40 Hour Basic Training in Divorce Mediation

Start Date: _____

Name _____
(Please Print Name Exactly as You Wish it to Appear on Your Certificates)

Profession/occupation _____ Degree _____ Year _____

Address _____

_____ Zip _____

Phone: Home (_____) _____ Work/Cell(_____) _____

Fax Number (_____) _____ E-mail _____

I Heard about the Training Program From:

PAYMENT INFORMATION

Choose method of payment: _____ Check enclosed.

(Please make all checks payable to "Center for Mediation & Training.")

___ Charge my credit card: ___ Visa ___ MasterCard ___ American Express.

Credit card number: _____

expires: mo: _____ yr: _____ CVV (3 or 4 digit code) _____

Signature _____

Amount of check or charge:

_____ \$75 for textbooks: These books are required for basic training. *This payment may be added to your other check or charge).*

_____ \$1,400.

_____ \$400 deposit. Balance of \$1,000 is due before starting.

_____ \$1,300 (early registration fee). Due 30 days before starting date.

_____ \$ _____ (\$1,200 for each person from the same group). Due 30 days before starting date.

Please send check and this registration form to:

**Ken Neumann, Townhouse B
111 West 90th Street
New York, NY 10024**

If you are using a credit card, you may mail, or fax to: 212-721-1012.

If you have any questions, please call (212) 799-4302 (Ken Neumann)
or (845) 638-4666 (Steve Abel).