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).