

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:

_____ \$1,450.

_____ \$400 deposit. Balance of \$1,050 is due before start date.

_____ \$1,350 (early registration fee). Due 30 days before start date.

_____ \$ _____ (\$1,250 for each person from the same group). Due 30 days before start date.

Please send check and this registration form to:

**Steve Abel
Attorney / Mediator
101 South Broadway
Nyack, NY 10960**

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*).