



Nationally Accredited

Mediation Training

Registration Form – February 2018

| | | | |
|-------------------------|--------|-------------|-----------|
| Name | Title: | First Name: | Surname: |
| Name for Certificate/s: | | | |
| Name for badge: | | | |
| Address | State: | | Postcode: |
| | | | |
| Phone | H: | M: | W: |
| Email | | | |

| | |
|---------------------|--|
| Occupation | |
| Organisation | |
| Position | |

Please advise of any disability you experience which the CRS should be aware of:

Where did you hear about CRS's Mediation Training Course?

Please register me for the CRS Mediation Course :-

- Extra Early Bird Fee \$2752.50 (registration and full payment received on or before 26/1/18)
- Standard Fee \$3,670 (registration received on and after 27/1/18)

Payment Options.....Payment must be received prior to commencement of course.

- Please contact me/I have contacted CRS to make payment of \$_____ over the phone
- I enclose a cheque/money order payable to Conflict Resolution Service Inc for \$_____
- I have made an EFT to CRS Bank Account 454-464 BSB 032-719 for \$_____ (please ensure your surname is included in transaction details for identification purposes)
- Please invoice me at the above address for \$_____
- I would like to pay by instalments (at least 50% of fee must be paid before the course commences with the balance paid before the course ends).
- Please invoice my Organisation/Company for \$_____ as follows:

Attn: _____ Position: _____

Organisation: _____

Address: _____

_____ P/c: _____

Contact Ph: _____ Email: _____

SIGNED:

DATE: