



Nationally Accredited

Mediation Training

Registration Form

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 :-

- Early Bird Fee \$3,520** (registration and full payment received on or before **30/4/2017**)
- Standard Fee \$3,670 (registration received on and after 1/5/2017)

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: