



Nationally Accredited

# Mediation Training

Registration Form – May 2018

<b>Name</b>	Title:	First Name:	Surname:
Name for Certificate/s:			
Name for badge:			
<b>Address</b>	State:		Postcode:
<b>Phone</b>	H:	M:	W:
<b>Email</b>			

<b>Occupation</b>	
<b>Organisation</b>	
<b>Position</b>	

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 :- 7-10/5, 14-16/5

- Extra Early Bird Fee \$2752.50 (registration and full payment received on or before 1/4/18)
- Standard Fee \$3,670 (registration received on and after 2/4/18)

**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:**