

COMMUNITY MEDIATION SERVICES TRAINING REGISTRATION FORM

PLEASE REGISTER ME FOR:

2-Day Basic Mediation Training

Cost: \$480

- ☐ April 16/17, 2025 \$ _____
- ☐ September 17/18, 2025 \$ _____
- ☐ November 19/20, 2025 \$ _____

1-Day Conflict Resolution Training

Cost: \$210

- ☐ May 22, 2025 \$ _____
- ☐ October 23, 2025 \$ _____
- ☐ December 4, 2025 \$ _____

Half-Day Eviction Prevention Workshop

Cost: \$100

- ☐ March 13, 2025 \$ _____
- ☐ June 26, 2025 \$ _____
- ☐ August 7, 2025 \$ _____
- ☐ October 9, 2025 \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

Please complete this registration form (on your computer or by hand) and either fax it to 614-228-7213 or send it by mail to:

Community Mediation Services of Central Ohio
67 Jefferson Avenue
Columbus, Ohio 43215

For more info/special needs call CMS: (614) 228-7191, ex 14

Advance registration and payment required.

Online registration available at: <https://communitymediationservices.thinkific.com>

Name (Please Print) _____

Business Name _____

Business Address _____

City _____

State _____ Zip _____

Work Phone (____) _____

Mobile Phone (____) _____

Fax (____) _____

E-mail _____

Please check your occupation/speciality:

- ☐ Chemical Dependency Professional
- ☐ Counselor
- ☐ Social Worker
- ☐ Marriage and Family Therapist
- ☐ Educator
- ☐ Human Resources Professional
- ☐ Legal Professional
- ☐ Nursing/Medical Professional
- ☐ Psychologist
- ☐ Public Relations Professional
- ☐ Other _____

Please indicate type of payment (Make checks payable to CMS)

☐ Check ☐ VISA ☐ Master Card ☐ Discover ☐ American Express

Credit Card Account # _____

Expiration Date ____/____

Signature _____