

COMMUNITY MEDIATION SERVICES TRAINING REGISTRATION FORM

PLEASE REGISTER ME FOR:

2-Day Basic Mediation Training

Cost: \$480

☐ April 15/16, 2026 \$ _____

☐ October 21/22, 2026 \$ _____

1-Day Conflict Resolution Training

Cost: \$210

☐ May 14, 2026 \$ _____

☐ September 24, 2026 \$ _____

☐ December 3, 2026 \$ _____

Half-Day Eviction Prevention Workshop

Cost: \$100

☐ March 26, 2026 \$ _____

☐ June 18, 2026 \$ _____

☐ September 10, 2026 \$ _____

☐ November 19, 2026 \$ _____

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 _____