

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/specialty:

- 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 _____