

ATTENDEE INFORMATION

Name: _____
 Email Address: _____
 Company Name: _____
 Mailing Address: _____
 City, State, Zip Code: _____
 Best Contact Number: _____
 Profession: _____ Today's Date: _____

COURSE SELECTION: MAY 1-5, 2017

COURSE FEE

	<u>BEFORE MARCH 27</u>	<u>AFTER MARCH 27</u>
<input type="checkbox"/> 40-hour General Civil Mediation <i>May 1-5: 8:30 a.m. – 6:30 p.m.</i>	<u>\$1550</u>	\$1675
<input type="checkbox"/> General Civil Mediation Law, Ethics & More <i>May 2: 8:30 a.m. – 4:00 p.m.</i>	<u>\$199</u>	\$235
<input type="checkbox"/> Family to Civil Mediation Cross-Over <i>May 2-4: 8:30 a.m. – 6:30 p.m.</i>	<u>\$875</u>	\$975
<input type="checkbox"/> 46-hour Family Mediation <i>May 1-5: 8:30 a.m. – 6:30 p.m.</i>	<u>\$1650</u>	\$1775
<input type="checkbox"/> Family Mediation Law, Ethics and More <i>May 2: 8:30 a.m. – 3:30 p.m.</i>	<u>\$199</u>	\$235
<input type="checkbox"/> Civil to Family Mediation Cross-Over <i>May 2-5 : Tues thru Thur, 8:30 a.m. – 6:30 p.m. Fri. 8:30 a.m.-1:00 p.m.</i>	<u>\$975</u>	\$1075

All courses are approved education by the A.D.R.C. for TSC Rule 31 Listing and/or CME. All courses are approved by TN Commission on CLE and other professional agencies as requested. Additional fees may apply.

Amount Due:

[Check here] I request enrollment in the above checked course. I have read and understand the requirements for Tennessee Supreme Court Rule 31 Listing. I understand that successful completion of this course does not guarantee approval for Tennessee Supreme Court Rule 31 Listing. For full details regarding TSC Rule 31 Listing and requirements for listing, visit: <http://www.tsc.state.tn.us/programs/mediation>

Cancellation Policy: All cancellations must be made in writing. Full refunds will be given for cancellations requested 21 or more days before the start date of a course. Cancellations made less than 21 days before the start of a course may be deferred to a future training or transferred to another attendee. A \$35 materials fee will be deducted from cancellations made less than 5 days from the start of a course.

PAYMENT INFORMATION

Make Checks Payable to: Private Dispute Resolution Services, LLC

Credit Card Payment: Visa Mastercard American Express

Credit Card Number: _____ Expiration Date: _____ CVC Code: _____

I authorize PDRS to charge my credit card the amount indicated above.

Signature: _____ Date: _____

Mail to: PDRS, 5746 Marlin Rd, Ste 102, Chattanooga TN 37411
Email To: contact@4pdrs.com or Fax To: 423-756-1845

Date Received: