

**ATTENDEE INFORMATION**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_

Profession: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**COURSE SELECTION:**

**COURSE FEE**

	<u>BEFORE DEC. 15</u>	<u>AFTER DEC. 15</u>
<input type="checkbox"/> <b>40-hour General Civil Mediation</b> <i>February 19-23: 8:30 a.m. – 6:30 p.m.</i>	<u>\$1550</u>	\$1675
<input type="checkbox"/> <b>General Civil Mediation Law, Ethics &amp; More</b> <i>February 20: 8:30 a.m. – 4:00 p.m.</i>	<u>\$199</u>	\$235
<input type="checkbox"/> <b>Family to Civil Mediation Cross-Over</b> <i>February 20-22: 8:30 a.m. – 6:30 p.m.</i>	<u>\$925</u>	\$975
<input type="checkbox"/> <b>46-hour Family Mediation</b> <i>February 19-23: 8:30 a.m. – 6:30 p.m.</i>	<u>\$1650</u>	\$1775
<input type="checkbox"/> <b>Family Mediation Law, Ethics and More</b> <i>February 20: 8:30 a.m. – 3:30 p.m.</i>	<u>\$199</u>	\$235
<input type="checkbox"/> <b>Civil to Family Mediation Cross-Over</b> <i>February 20-23: Tues-Thurs 8:30a.m.–6:30p.m. Fri. 8:30a.m.-1:00p.m.</i>	<u>\$1025</u>	\$1075

**Amount Due:**

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.

**[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, 5708 Uptain Road, Suite 1200, Chattanooga TN 37411  
**Email to:** [contact@4pdrs.com](mailto:contact@4pdrs.com) or **Fax To:** 423-756-1845

Date Received: