

# DisputeResolution

CENTER of KING COUNTY

## Training Registration Form

### Which Training Are You Attending?

- Basic Mediation Training
- Workplace Conflict Resolution
  - Effective Conflict Resolution Strategies for Managers
  - Resolving Workplace Conflict
  - Transforming Difficult Conversations
- Family Mediation Training
- Other (please indicate) \_\_\_\_\_

Date(s) of training you will be attending: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Home City / State / Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work City / State / Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

How did you hear about this training?  
\_\_\_\_\_

What is your professional background?  
\_\_\_\_\_

Would you like to receive training announcements?  
\_\_\_\_\_

### DRC Refund Policy:

Full refund or credit voucher will be made for withdrawals up five business days prior to the beginning of the training. There will be a \$25 processing fee for refunds.

Credit vouchers of 50% will be issued for withdrawals less than five business days before the training.

No refund or credit voucher will be issued for cancellations made the day of the training or for anyone who, without notification, does not attend the training.

### Payment Information

*For Credit Cards:*

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Billing Zip & Expiration Date: \_\_\_\_\_

Amount: \_\_\_\_\_

*Please make checks payable to DRC of King County*

Check Number: \_\_\_\_\_

Amount: \_\_\_\_\_

### RETURN TO:

**The Dispute Resolution Center of King County**  
4649 Sunnyside Ave N., Suite 520 Seattle, WA 98103  
(206) 443-9603 (registration: x107 / content questions: x 106)  
www.kcdrc.org / fax: (206) 443-9737 / kaseya@kcdrc.org