

Dispute Resolution

CENTER of KING COUNTY

Training Registration Form

Please list the training(s) you will attend

Name of the training: _____

Training Dates: _____

Name: _____

Home Address: _____

Home City / State / Zip: _____

Home Phone: _____

Email * _____

Please be sure to include an email address to receive your confirmation

Employer: _____

Work Address: _____

Work City / State / Zip: _____

Work Phone: _____

Cell Phone: _____

Price Calculator

Early Bird Price \$ _____

OR Standard Price \$ _____

Add \$25.00 for CLEs/CEUs + \$ _____
(only if they are offered)

Subtract discounts offered - \$ _____

Your Final Price \$ _____

Payment Information

For Credit Cards

Name on Card: _____

Card Number: _____

Billing Zip Code: _____

Expiration Date: _____

Amount: \$ _____

*Please make checks payable to **DRC of King County***

Check Number: _____

Amount: \$ _____

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 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.

Return this form to: The Dispute Resolution Center of King County

4649 Sunnyside Ave N., Suite 520, Seattle, WA 98103

(206) 443-9603 x106, www.kcdrc.org, fax: (206) 443-9737, OfficeManager@kcdrc.org