



REGISTRATION FORM

Reserve a space by calling, mailing, registering online or sending us an email.
Phone: 612-222-0023 Email: staff@mediationcentermn.org

Name of the course: _____

Check if you qualify for Gov't/Non-Profit Rate

Check if you qualify for Early Registration Discount

Name: _____

Title: _____

Firm or Agency: _____

Street Address: _____

City/State/Zip: _____

Phone - Day: _____ Eve: _____

Email: _____

Payment Amount Due: _____

Method of Payment: Check*

Purchase Order # _____

Credit Card (Visa or MasterCard)

Cardholder Name: _____

Billing Address: _____

Account #: _____

Expiration Date: _____ Amount Charged: _____

Signature: _____

*Please make check payable to **Mediation Center**, and mail to the address below.

Your registration will be confirmed via email upon receipt.

Thank you!

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