Webinar
Registration Form

Instructions

Print this web page, then fax or mail the completed form to MTI, Or, copy and paste the contents of this page into an email or a plain text document (*.txt), then type in the required information. See other ways to register.

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Name of Registrant

Name/Title

Organization

Address 1:

Address 2:

City/State/Province/Postal Code: Country:

Phone: ( ) E-mail:

Phone required in case of need to clarify registration details. E-mail required to receive confirmation and password.

Website link of your organization:

Webinar date: **Time:** **View schedule**

Expected number of participants in your organization: _____ (Does not affect registration fee.)

Please tell us how you first learned of this program:
(E.g., search engine, colleague/friend, previous participant, link from other website, National Mediation, other? Please describe)

Registration: Any number of members of your organization may participate via speaker phone. A confirmation email including password, reproducible handout (PDF), and other seminar resources will be sent to the email address entered on this form. (If faxed or mailed, please type or print this information very legibly.)	**Registration fee:** per telephone line	$
	CCA#: _____ (if any)*	$
	TOTAL	$ US dollars

Payment options (please "X" one)

☐ Company purchase order number:

☐ Check or money order mailed with this form payable to: Mediation Training Institute

☐ Visa/MC/AmEx

Name as shown on card:

Visa #:

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Expiration Date: Verification Code:

Signature (if faxed or mailed):

Refund Policy

No refunds after handout has been sent to the email address provided on this registration form.

*CCA#'s may not be combined with any other discounts. CCA#'s must be provided at the time of initial registration, and may not be applied retroactively.

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