## WORKABILITY TRAINING REGISTRATION FORM

Each participant must fill out a registration Form with at least $200.00 required non-refundable deposit for each program.

Please type or print clearly. Check appropriate boxes. Early bird ends 6 weeks prior to start date. **Save $300 with early bird paid in full**

**REGISTRATION FOR:** after Early Bird Min Deposit Fill payment information section

**Standard** **Early bird** Additional Discounts\*: for Tuition Enclosed:

□ 40-hrs Basic Mediation **□**$1300.00 **□**$1100.00 □ Non-Profit □ Deposit(s) only $ \_\_\_\_\_\_\_\_\_\_\_\_

□ 24-hrs Workplace Mediation **□**$1000.00 **□** $800.00 □ Group (3 or more) □ **Early bird** (paid in full) $ \_\_\_\_\_\_\_\_\_\_\_\_

□ 32-hrs Divorce Mediation **□**$1300.00 **□**$1100.00 □ 2nd program Promo Total \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **□**$\_\_\_\_\_\_ **□**$\_\_\_\_\_\_ □ Scholarship application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program(s) start date(s)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ I’m interested in optional mentoring/coaching program (Basic Training 1st 10 registrations get 3 months free)

\***non-Profit** 20% off with IRS Letter or **Group** (3 or more) $100.00 off each, and $100.00 scholarship for 2nd program promo

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| Participant Contact Information | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | | |  | | | | | | | | | |  | | | | | | |  | | | | | |
| Last | | | | | | | | | | | | | | First | | | | | | | M.I. | | | | |
| Home Phone: | | | | | ( ) | | | | | | Cell Phone: | | | | | ( ) | | | | | | | | | |
| E-mail Address: | | | |  | | | | | | | | | | | | | | | | | | | | |
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| Organization Name: | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Title: |  | | | | | | | | Department: | | |  | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | |  | | | | |
| Street Address | | | | | | |  |
|  | |  | | | | | | | | | | | | | | |  | |  | | | | |
| City | | | | | | | | | | | | | | | State | | | ZIP Code | | | |
| Work Phone: | | | | | ( ) | | | | | Fax: | | | | ( ) | | | | | | | | | | | |
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| Participant Background Information | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have basic mediation or conflict resolution training? If yes, when and with whom. If not, what is your interest in taking this training? | | | | | | | | | | | | | | | | | | | | | | | | | |
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| What other information do you want to share with the trainers? (personal, professional, special needs, languages, degree etc) | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Are you attending the training with anyone? If yes, please provide name(s) and your relationship: | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Payment Method Information | | | | | | | | | | | | | | | | | | | | | | | | | |
| All balances are due ***one week*** prior to start date of a program. If not received, we will give your seat to someone on the waiting list.  □ Money Order payable to: Marianela Gish  Mail to: P.O. Box 26574 Albuquerque, NM 87125      □ Send payments via PayPal to marigish.workability@gmail.com  or  □ Please email Invoice/Purchase Order to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and email of the person who will make payment | | | | | | | | | | | | | | | | | | | | | | |