**Mediation Training Information Sheet**

**TAB to go to**

**the next field.**

Return this form to Rita at rita@austindrc.org.

Questions? Call Rita at 512-371-0033.

1. Preferred First & Last Name for class
2. Class Month you are registering for
3. City & State you live in
4. **Phone number** where we can reach you **directly** during the training day

      (**numbers only**, please)

1. **Email address you will check regularly** prior to and during each day of the trainingfor role play and other information

1. **CLE and HR Credits**

[ ]  I would like Texas CLE credit. My **bar card number** is      .

[ ]  I would like HR credit.

1. What is your **occupation**?

1. How would you like your name listed on your **Certificate of Completion?**

1. How did you find out about our training?

1. Why did you choose this training?

1. You will be provided with a link to your training manual and other related class materials prior to the class start date. If you would also like to have a USB flash drive of all your training materials mailed to you, please fill in the address below that you would like it mailed to. You may or may not receive the flash drive before the start of the training.

[ ]  I do not need a USB flash drive. I will just use the link I receive.

[ ]  Mail me a USB flash drive of my training materials to this address.

Name:

Address 1:

Address 2:

City:       State:       Zip:

**Thank you!**