

**CONFLICT RESOLUTION ACADEMY
REGISTRATION FORM**

TITLE: _____ DATE: _____
LOCATION: _____ TUITION: __ @ \$ _____

ATTENDEES:

NAME/TITLE: _____
E-MAIL: _____
NAME/TITLE: _____
E-MAIL: _____
NAME/TITLE: _____
E-MAIL: _____

ORGANIZATION

NAME: _____
ADDRESS _____
CITY/STATE/ZIP _____
POC TELEPHONE _____ EXT: _____
FAX _____ EMAIL _____

METHOD OF PAYMENT

Checks payable to CONFLICT RESOLUTION ACADEMY and forwarded to the address shown below with completed registration form.

Check Number _____ Amount _____
Purchase Order Number _____
Invoice My Company/ATTN: _____

Charge to: AMX _____ MASTER CARD _____ VISA _____
Card Number: _____ Exp. Date: _____

Signature: _____ Date: _____

Confirming Phone Registration Number: _____

PAYMENT POLICY

PAYMENT MUST BE RECEIVED PRIOR TO THE EVENT TO GUARANTEE YOUR SLOT. Cancellations received up to five working days before the event are refundable minus a \$25.00 service charge. Four days or less prior to the event, the entire fee is forfeited. Substitutions for attendees may be made at any time. Tuition may be tax deductible.

By registering your information you agree to become part of the mailing list of The Conflict Resolution Academy, LLC. This will include e-mail contact. If you do not wish to be contacted by e-mail for advertising purposes, please annotate that on the form.

<p>By FAX: 770-438-7772 By EMAIL: info@conflictresolutionacademy.com By Mail: CONFLICT RESOLUTION ACADEMY, LLC P. O. Box 724506 Atlanta, GA 31139</p>
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