



**Conflict Solutions Center-Community Mediation, Restorative Justice
Services and Training**

Training Registration Form

Name: _____

Address: _____

Phone: _____ Email: _____

Would you like to be kept informed of other upcoming trainings? Yes ___ No, thank you ___

Course	Date	Time	Fee	Please check all courses you want to register for:
Communicating Compassionately		9:00am – 1:30pm	\$150	[]
Communicating Compassionately		9:00am – 1:30pm	\$150	[]
Resolving Conflicts		Not scheduled yet	\$75	[]
Anger Transformation		Not scheduled yet	\$75	[]
Strengthening Family Connection and Cooperation*		Not scheduled yet	\$75	[]
Restorative Justice Facilitation Skills*		Not scheduled yet	\$150	[]
Mediation Skills*		Not scheduled yet	\$350	[]
* <i>there are prerequisites to this course</i>		TOTAL PAID	\$	

Method of Payment: Check payable to Conflict Solutions Center.

Credit Card: VISA MasterCard (circle one) Card number _____

Expiration Date _____ Cardholder Name (please print) _____

Authorized Signature _____

Mail or Fax this form to:

Conflict Solutions Center
120 E. Jones St. Suite 205
Santa Maria, CA 93454
805/349-8943
FAX: 805/349-8963
<http://www.cscsb.org/index.htm>

(You can also register by phone at 349-8943)