

## Training Registration Form

I would like to attend the following programs (please check):

θ	Managing Difficult Group Conversations	7/16/08	— —	\$225 (private) \$195 (gov't / nonprofit)
θ	Negotiation Workshop	7/23/08 – 7/25/08	— —	\$495 (private) \$465 (gov't / nonprofit)
θ	40-Hour Basic Mediation	12/8/08 - 12/12/08 Or 6/1/09 – 6/5/09	— — —	\$1,095 (private) \$945 (gov't / nonprofit) \$42.50 textbook (optional)

The registration fee includes all program materials and break-time refreshments. ***The fee does not include parking costs, lunches, or books, if required.*** Space is limited and is not guaranteed until payment is received. A voucher/purchase order number will be considered as payment.

θ Check enclosed: Please make check payable to The University of Texas at Austin, Center for Public Policy Dispute Resolution.

θ Voucher/Purchase Order Number:  
\_\_\_\_\_

**You may register by mailing or faxing this form to:**

**The University of Texas at Austin  
Center for Public Policy Dispute  
Resolution**

**727 E. Dean Keeton Street**

**Austin, Texas 78705**

**Phone: (512) 471-3507**

**Fax: (512) 232-1191**

All courses are designed for attorneys and individuals who promote the use & quality of ADR in Texas. MCLE accreditation has been requested for these programs, if applicable.

**Cancellation Policy:** Written cancellation must be received 15 business days prior to the beginning of the program. There will be a \$50 administrative fee for registrations canceled before the cut-off date. Cancellations after the cut-off date will receive no refunds; however, substitutions may be designated with notification to our office. The Center further reserves the right to cancel a program if sufficient enrollment is not met. In the event of the cancellation of a program, the Center will refund registration fees pertaining to that program.

Federal Tax I.D. 74-6000-203

How did you hear about our trainings?

- θ newsletter      θ training brochure  
θ website          θ from a friend/colleague  
θ email notice    θ other \_\_\_\_\_

\_\_\_\_\_  
First Name                      M.I.                      Last Name

\_\_\_\_\_  
Name to appear on badge

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company/Government Agency

\_\_\_\_\_  
Mailing Address (include Agency Code/Mailstop)

\_\_\_\_\_  
City                                      State                                      Zip

Phone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_

E-Mail: \_\_\_\_\_