



TRAINING REGISTRATION FORM

Name: _____ Date: _____

Company/Organization: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Profession/Occupation (optional): _____

Are you affiliated with a Nebraska Mediation Center? If yes, please indicate the center you are affiliated with:

- | | | |
|---|--|---|
| <input type="checkbox"/> Mediation West | <input type="checkbox"/> Central Mediation Center | <input type="checkbox"/> Concord Mediation Center |
| <input type="checkbox"/> The Mediation Center | <input type="checkbox"/> Nebraska Mediation Center | <input type="checkbox"/> The Resolution Center |

Please list the training(s) and date of training that you are interested in: _____

Registration fees:

- Basic Mediation Training, includes membership - \$900
- Family Mediation Training (NMA Member) - \$850
- Family Mediation Training, includes membership - \$900

If you are registering for Family mediation Training, list the date (month & year) you received the Basic training:

**Send completed application and payment to:
NMA Training Institute, P.O. Box 13, Beatrice, NE 68310**