EAC NETWORK- LONG ISLAND DISPUTE RESOLUTION CENTER 30-HOUR BASIC MEDIATION REGISTRATION FORM

(Please Print)

Today's date:							
REGISTRANT INFORMATION							
Last name:	First:		🛛 Mr.	Miss			
Organization:		[D Ms.			
Street address:							
City:		State:					
ZIP Code:							
	Phone Number:	2 nd Phone Number :			Email:		
Occupation:							
How did you hear about this Training?	□ Internet Name of Website:	Employer Name of Employer:					
Statewide Community Dispute Resolution Centers Network	Office of Court Administration Name of Judge or Personnel:	EAC Volunteer/Employee: Name:					

PAYMENT INFORMATION:

Payment and Refund Policy

Registration Fee: \$595.00 (money order or certified check) paid to EAC Network

*Credit Cards (MC, Visa) are also accepted.

Mailed to: 60 Plant Avenue, Hauppauge, NY, 11788 Attn.: Long Island Dispute Resolution Centers Payment must be received no later than January 8, 2019

Refund Policy: Cancellations must be in writing. To cancel your registration, request must be received by our office in writing up to 30 days in advance of the 1st day of training, a 100% refund will be returned to you; a partial refund of 50% will be re-turned to you if cancelled within less than 30 days of the 1st day of training. Once training has begun, **no refund** is given. LIDRC reserves the right to cancel training at any time due to lack of registrants. If in the event LIDRC cancels the training, a full refund will be returned to you.

Method of Payment:			
Certified Check #:			
Money Order#			
Credit Card#	Expiration Date:	CVV Code:	
Discount Code:	Total Amount of Payment: \$	Signature:	
	I have read Payment and Refund Policy. I authorize EAC Network- Long Island Dispute Resolution Center to process my payment.	X Authorized Electronic Signature for Registrant/Organization	