

# Neighbor-To-Neighbor Mediation

503-585-0651 945 Columbia St NE, Salem, OR; 308 Broadalbin St SW, Albany, OR • www.n2nmediation.org

## Parent/Teen Mediation Training Registration Form

\*\*\*\*\*

September 15-17, 2017

\$45 for active N2N volunteer mediators

\$225 for all other participants

\*\*\*\*\*

### Participant Information:

Name: \_\_\_\_\_

Home address: \_\_\_\_\_

(Street)

(City) (State) (Zip)

Employer: \_\_\_\_\_

Work address: \_\_\_\_\_

(Street)

(City) (State) (Zip)

Job Title: \_\_\_\_\_

Home Phone Number:(\_\_\_\_\_)\_\_\_\_\_

Work Phone Number:(\_\_\_\_\_)\_\_\_\_\_

Cell:(\_\_\_\_\_)\_\_\_\_\_

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

\*\*\*\*\*

1. How did you hear about the training?

2. If you have completed a Basic Mediation Training, please fill out:

Date Completed: \_\_\_\_\_

Hrs of Training: \_\_\_\_\_

Training by Whom? \_\_\_\_\_

3. Please list the Number of years as a Mediator, and types of cases you have facilitated.

\*\*\*\*\*

4. What is your reason for taking the training?

5. Name as you would like it to appear on your Certificate of Completion:

### Cost of Training

Check one:

I am paying \$45/Active N2N Volunteer

I am paying \$225

Scholarship Request

Signature \_\_\_\_\_

Today's Date: \_\_\_\_\_

My check is enclosed for \$\_\_\_\_\_ payable to  
**N2N or Neighbor-to-Neighbor Mediation**

*The registration deadline is Mon., Sept. 4, 2017, and the training is scheduled to be held in Salem, Oregon. (Exact location to be determined.)*

Please forward this application with your payment to N2N, 945 Columbia St. NE, Salem, OR 97301.

***N2N Mediation 2017. No refunds for cancellations made within 10 days or less of start of training. Cancellations made prior to 10 days before start of training are refunded in full.***