

You are invited to join the Dispute Resolution Center of Thurston County for our very popular

40-hour PROFESSIONAL MEDIATION TRAINING

Please Note New October 2009 Training Dates!

- Do you want to improve your work environment?
- Help your family solve conflicts more peacefully?
- Build relationships with your neighbors?
- Enhance your professional skills and become a Certified Mediator?

This fun and highly interactive 40-hour training course will acquaint you with the philosophy, model and skills needed in order to have a working knowledge of the role of a neutral mediator. The concepts and skills taught in this training are easily transferable and are designed to improve communication and enhance relationships in all settings.

**Approved for CLE Credit through WSBA (37.5 total credits, including 5.25 ethics credits)
Washington State Clock Hour Offering for Educators (40 clock hours)**

Cost: \$585.00*

*Group Discounts are available. Call for a quote. Cancellation Policy: Cancellations received 7 or more days prior to the start of the training, the full registration fee will be refunded. 1/2 the fee will be refunded for cancellations received less than 7 days prior to, and up until the start of the training.

MEDIATION TRAINING REGISTRATION

If registering less than 1 month prior to the training, please call for availability. Thanks!

Choose one of the following options:

- Register me for the Monday through Friday, 8-5 offering, **January 19-23, 2009**
- Register me for the two-weekend offering, **March 12-14 and March 19-21, 2009**. Thurs. 5-9 p.m.; Fridays 8:30 a.m. – 5:30 p.m.; Saturdays 8:30 a.m. – 5:30 p.m.
- Register me for the Monday through Friday, 8-5 offering, **June 22-26, 2009**
- PLEASE NOTE NEW DATES:** Register me for the two-weekend offering, **October 15 - 17 and October 22 - 24, 2009**. Thurs. 5-9 p.m.; Fridays 8:30 a.m. – 5:30 p.m.; Saturdays 8:30 a.m. – 5:30 p.m.

Name _____ Work Phone _____

(as you'd like it on your certificate and nametag)

Address _____ Home Phone _____

E-mail _____

My check for _____ is enclosed. Make check payable to Thurston County DRC.

Please charge _____ to my VISA or MasterCard. Card Number: _____

Expiration Date: _____ For credit card payments, please include your name as it appears on card, and full address and phone number of cardholder (if different than above):

Please send your registration to the DRC at the address below, Attn. Training Department. Written confirmation and directions to the training site will be sent to you one week before the training session begins. Questions? Feel free to call us at the number below. We look forward to seeing you at the training!

www.mediatethurston.org • P.O. BOX 6184, OLYMPIA, WA 98507-6184 • (360) 956-1155