

**SEEDS Community Resolution Center
Registration Form
40 Hour Mediation Training
April 9th, 10th, 11th, 17th, 18th, 19th, 2010**

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____

Zip Code _____

Telephone(s) work: _____ home: _____ Cell: _____

Fax: _____ E-mail: _____

Demographic Information (optional):

This information is used to help us gather statistics for who we are serving and to assist us with funding sources.

1. In which city do you reside? _____

2. Your Age 18-24 _____
25-44 _____
45-54 _____
55-61 _____
62-over _____

3. Do you consider yourself to be of Hispanic or Latino ethnicity?
Non-Hispanic _____ Hispanic _____

4. Race/Ethnicity—Check all that apply
____ African American or Black
____ Asian or Asian American
____ Native American (tribes w/in USA and Canada, Alaska Native, Mexican, Central American
Caribbean Native/Indian, South American Native Indian
____ Native Hawaiian or Other Pacific Islander
____ White or Caucasian (Arab or Arab-American, European Caucasian, including Spain and
Portugal, Middle Eastern Caucasian or North American Caucasian).
____ Unknown, Bi-Racial or Multi Racial

5. What languages do you speak fluently?

To help us better serve you at the training please answer the questions below.

How did you hear about this training?

Have you had any previous training that you think is relevant?

What do you hope to gain from this training?

Is there anything else you want us to know about you?

Do you have any food or beverage restrictions?

Please note: Our training site is wheelchair accessible. There is adequate free parking on site.

Full tuition is \$400.00 (includes breakfast and snacks)

Policy on Refunds in case of non-attendance: Full refund less \$20.00 for cancellations by students up to March 25, 2010. No refunds for cancellations or non-attendance after March 25th. Money is transferable to future training.

Scholarships:

If you are requesting a scholarship or work exchange please write a short paragraph describing your desire to attend the workshop and the amount you are requesting, full or partial (please include dollar amount you can afford). We have limited number of work exchange positions that would require you do arrive early and stay after the training ends. We hope to be able to offer assistance to as many trainees as possible. We will be making decisions regarding tuition assistance late March.

Please return this form either by mail or electronically to Adrienne Murphy:

Adrienne@seedscrc.org

Make checks payable to SEEDS Community Resolution Center.

Please mail to: 1968 San Pablo Avenue, Berkeley, CA 94702.

More information will be sent to you regarding the training upon receipt of this application. Call our office if you have any additional questions. 510-548-2377