



Registration for Mediator Certification Training and Credit Card Authorization

Name as it appears on your license: \_\_\_\_\_

License Type and Number (*Law, Counselor, etc.*): \_\_\_\_\_

Name (as it appears on the credit card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

The undersigned authorizes noted charge to the credit card listed.

Credit Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ Security Code: \_\_\_\_\_

Issuing Bank: \_\_\_\_\_

Service(s): Mediation Certification -- Family or Civil

Date(s): June 6-10, 2011 Family or June 13-17, 2011 Civil

Rate(s): \$1200

I hereby authorize Effect Services LLC to bill the above referenced credit card for these charges.

Cancellation Policy: In the event you must cancel participation, up to 14 days prior to the start date you may request a refund of the amount less a ten percent processing fee; 13 days or less prior to the start of the class you may request a refund of fifty percent of the registration. You may transfer your full registration to someone else up until 3 days prior to the start of the class. This form may be returned by scanning and emailing to [Cathy@EffectServices.com](mailto:Cathy@EffectServices.com), or by mail.

To pay by check or register by mail: Effect Services, 5072 Coral Reef Drive, Johns Island, SC 29455.

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

Signature of Cardholder: \_\_\_\_\_