



FLORIDA SUPREME COURT CIVIL MEDIATOR CERTIFICATION TRAINING REGISTRATION FORM

Print Full Name: _____

(PRINT CLEARLY, as you would want it to appear on your certificate)

Address: _____ City: _____ State: _____

Zip: _____

Daytime Phone: _____ Other Phone: _____

Email Address _____

Profession: ____ Attorney ____ Psychologist ____ LCSW/LMHC/LMFT ____ Mediator ____ Other: _____

License #: _____

Highest Degree Earned: _____

Month of Training Being Requested (circle one) ____ May 14 – May 18, 2025 ____ June 18- June 22, 2025
____ July 16 – July 20, 2025 ____ August TBA

Fee: \$895

Payment: OUR Preferred choice is to email you an electronic invoice paid online. However, the following is also available, select one: ____ Electronic invoice ____ Check ____ Visa ____ MC ____ AmEx ____ Discover

Note: All checks (US dollar drawn on U.S. Bank) or money orders make payable to **ADR Training Collaborative, LLC**

Print Your Name as appears on card: _____

Credit Card # _____ Security
Code/CCV _____ Exp. Date _____ Billing Zip Code: _____ (Amex – 4 digit on front,
MC/Discover/Visa – 3 Digit on back)

Cardholder Signature: _____

Date: _____ Amount to be charged: _____

Do you require any special accommodations due to disability? ____ NO ____ YES

Accommodation Required: _____

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Registration options: 1) Mail form and payment to: **ADR TRAINING COLLABORATIVE, LLC;**

(choose best option)

7958 Pines Blvd. #409

Pembroke Pines, Florida 33024

2) Pay online and email submitted form notating payment made online

3) Scan form then email to: info@adrctraining.com (You will be emailed/invoice paid online)

www.adrctraining.com email: info@adrctraining.com TEL: (786) 651-6071; (954) 261-8600