



FLORIDA SUPREME COURT COUNTY MEDIATOR CERTIFICATION 4 DAY 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) ___ Oct. 29 – November 1, 2025 ___ Dec - TBA

Fee: \$495

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