



# FLORIDA SUPREME COURT COUNTY 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) \_\_\_ August 12– August 15, 2026 \_\_\_ September 2026  
\_\_\_\_\_ November TBA 2026

**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: \_\_\_\_\_

**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