

# Charles N. Castagna Mediation, Inc

Resolving Disputes Since 1990 ~ Training Mediators Since 1993

## Continuing Mediation Education Registration Form

Name	<input type="text"/>	Title	<input type="text"/>
Organization	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
E-mail Address	<input type="text"/>	Fax Number	<input type="text"/>

**2018 Course fee: \$299.00**

### COURSE A

The Art of Ethical and Effective Mediation; Diversity and Domestic Violence

### COURSE B

Ethics; Analysis of recent Mediator Ethics Advisory Committee (MEAC) Opinions; Diversity and Domestic Violence

How did you learn of this training?

- This website
- Florida Bar News
- Florida Dispute Resolution Center
- E-mail
- Colleague
- Other

UNLESS OTHERWISE INDICATED, ALL CLASSES RESIDE IN CLEARWATER

- |   |  |
|---|--|
| <input type="checkbox"/> November 3, 2017 (\$279) | <input type="checkbox"/> December 15, 2017 (\$279) |
| <input type="checkbox"/> January 19, 2018         | <input type="checkbox"/> March 9, 2018             |
| <input type="checkbox"/> April 27, 2018           | <input type="checkbox"/> June 8, 2018              |
| <input type="checkbox"/> September 14, 2018       | <input type="checkbox"/> October 26, 2018          |
| <input type="checkbox"/> December 14, 2018        |  |

- Check if you require an accommodation for a disability.

Please describe required accommodation

## Payment Information



Payment method (Select one)  Check (payable to Charles N. Castagna Mediation, Inc.)  
 Master Card  Visa

Security Code \*

Credit Card Number  Expiration

**ENROLLMENT IS LIMITED**  
**YOUR REGISTRATION IS NOT COMPLETE UNTIL CONFIRMED**  
**BY CHARLES N. CASTAGNA MEDIATION, INC .**

\* Security code is the 3 or 4 digit number on the reverse side of your credit card near your signature line.

I hereby authorize Charles N. Castagna Mediation, Inc., to charge the above credit card for the course I have chosen above. I acknowledge and agree to the cancellation policies which are detailed on the Charles N. Castagna Mediation, Inc., web site.

Cardholder Signature \_\_\_\_\_ Date: \_\_\_\_\_

Complete this form on-line, print it out, sign it, then mail or fax this registration form, along with your payment information (or check if applicable) to:

**CHARLES N. CASTAGNA MEDIATION, INC.**  
1275 Cleveland Street  
Clearwater, Florida 33755  
Telephone: 727-446-4221 | Fax: 727-448-0028

**Classes are held at:**

**Charles N. Castagna Mediation, Inc.**  
**1275 Cleveland Street, Clearwater, FL 33755**  
**P. 727.446.4221**