

The Mediation Center's training faculty is comprised of experienced mediators who mediate a broad variety of disputes including commercial, civil rights, business, divorce, family, elder, and workplace.

Their varied backgrounds as lawyers, professors and business consultants combined with their superior mediation and training skills, provide course participants with time-tested mediation tools and a wealth of professional experience.

*Helping People Talk, Rebuild Relationships
& Resolve Problems Creatively*

Expand Professional Development
Reduce Conflict, Increase Productivity
Decrease Formal Complaints
Sharpen Negotiation Skills
Create Win-Win Outcomes

BASIC MEDIATION

Presented by The Mediation Center of the Pacific, Inc.
A 501(c)(3) Not for Profit Corporation

**Twenty-Four Hour
Interactive Training**

Role Playing

Individualized Coaching

\$500 per person

**20% discount for employees of 501(c)(3)
not for profit corporations**

Seating is Limited

Advanced Registration is Required

**Friday, February 3
1:00 p.m. - 5:00 p.m.**

**Saturday, February 4
9:00 a.m. - 5:00 p.m.**

**Friday, February 10
1:00 p.m. - 5:00 p.m.**

**Saturday, February 11
9:00 a.m. - 5:00 p.m.**



The Mediation Center of the Pacific, Inc.
245 N. Kukui Street, Suite 206
Honolulu, HI 96817

Phone: 808-521-6767
Fax: 808-538-1454
E-mail: mcp@mediatehawaii.org

The Mediation Center of The Pacific, Inc.

Training Registration Form

Name(s): _____

Organization (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Email Address: _____

The Registration fee includes all materials, as well as morning and afternoon refreshments each day, and lunch on the last Saturday of each training.

I wish to register for the following 2012 trainings:

_____ **Basic Mediation (February 3, 4, 10 & 11)**

_____ **Advanced Mediation (March 9, 10, 16 & 17)**

Cost: Each training is \$500 per person. Registration for both trainings is \$950 per person.

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Ph: (808) 521-6767

Fax: (808) 538-1454

Method of Payment:

Check

Money Order

Visa

Master Card

Credit Card # _____ - _____ - _____ - _____ **Exp.** ____/____/____

Print Name of Authorized Cardholder: _____

CV # (Last 3 Digits on the back) _____ **Zip Code of billing address** _____

Signature of Authorized Cardholder: _____

Please make checks payable to: **The Mediation Center of the Pacific, Inc.**

Refunds: Fees are 50% refundable until 3 days prior to the training; thereafter, they are not refundable.

Enrollment: Space is limited and acceptance is in order of receipt of completed registrations.

Special needs: Please contact us at our office if you have special needs we can address to make your learning experience more effective and comfortable.