



# THE MEDIATION CENTER OF THE PACIFIC, INC.

**Meetings Large and Small, Public and Private,  
will Proceed Smoothly and Productively**

## **Bringing Out the Best in People**

Full-Day Facilitation Training conducted by master trainer Dee Dee Letts

**Planning and Groundwork**

**Agenda Building**

**Process Design**

**Group Management**

**Dealing With Challenges**

**Meeting Assessment**

**Recording and Capturing the  
Group Memory**

**Date: March 3, 2012 (Saturday), 9am-5pm**

**Cost: \$200 per person**

**Special Group Rates available upon request**

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

**For more information, call 521-6767 or  
email [mcp@mediatehawaii.org](mailto:mcp@mediatehawaii.org)**

245 N. Kukui Street, Suite 206  
Honolulu, Hawaii 96817

Phone: 808-521-6767

Fax: 808-538-1454

Email: [mcp@mediatehawaii.org](mailto:mcp@mediatehawaii.org)

[www.mediatehawaii.org](http://www.mediatehawaii.org)

**The Mediation Center of the Pacific, Inc.** (a not-for-profit Aloha United Way Agency) serving our community by offering dispute resolution services to people in families, schools, businesses and neighborhoods.

# The Mediation Center of The Pacific, Inc. Facilitation 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.**

I wish to register for the following 2012 trainings:

\_\_\_\_\_ **Facilitation (March 3)**

**Cost: Facilitation Training is \$200 per person (unless special conditions apply).**

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