

## Registration Form

**Please mail registration to: Institute for Alternative Dispute Resolution (IADR), SCSU Center for Continuing Studies, 720 Fourth Ave. S., Cloud, MN 56301-4498**  
You may also FAX your registration to (320) 308-5041. To register by phone, or for additional information, please call: (320) 308-4962. **Note:** A confirmation letter, map, workshop preparation materials, and lodging information (if applicable) will be mailed to all registered participants.

### **Participant Information**

Last name \_\_\_\_\_ First name \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home ph. ( ) \_\_\_\_\_ Work ph. ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

E-mail: \_\_\_\_\_

**Please register me for the following Trainings.**

<u>Training Name</u>	<u>Date(s)</u>	<u>Cost</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

### **Payment information**

**Payment may be made by credit card, check, or money order made payable to:**

**St. Cloud State University**

Please charge the workshop to my:

VISA  MasterCard

Card number \_\_\_\_\_ Exp. date \_\_\_\_\_

Authorized signature \_\_\_\_\_

**Please bill my company (PO must accompany registration)**

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_