	Mediator Certification Registration
	1 st Session on February 11 th
Center	(Additional follow-up classroom workshops on February
	25 th , March 11 th , March 25 th , April 8 th)
Community	
Dispute	
Settlement	
Name:	
Title/Occupation:	
Company/Organization:	
A 1.1	
Address:	Street or PO Box
	City, State, Zip Code
Dl N l	
Phone Number:	Alternate Phone Number:
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Email:	
I am paying by C	CREDIT CARD
Credit Card Type	e UISA Mastercard Discover American Express
Credit Card Num	
Expiration Date	
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Mail the completed	1
	Center for Community Dispute Settlement
Mail the completed	291 McLeod Street
Mail the completed	
Mail the completed form, with payment to:	291 McLeod Street Livermore, CA 94550-3211
Mail the completed	291 McLeod Street Livermore, CA 94550-3211
Mail the completed form, with payment to: Or, Email with payment	291 McLeod Street Livermore, CA 94550-3211
Mail the completed form, with payment to: Or, Email with payment	291 McLeod Street Livermore, CA 94550-3211 ccdsmediation@comcast.net
Mail the completed form, with payment to: Or, Email with payment	291 McLeod Street Livermore, CA 94550-3211
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