Family Mediation Training
Date: TBD
Registration Form
Friday: 5-9 pm
Sat. and Sun.: 8 am-5 pm

(Please print or type)

_____

First Name MI Last Name

_____

Mailing Address

_____

City State ZIP Code

_____

Home phone Work phone Email address

Registration: $100.00

Registration Deadline: -

Please submit this registration form by email to intake@drctc.org, fax to 509-783-3449, or by mail:

Dispute Resolution Center of Tri-Cities
5219 W. Clearwater Ave., Suite 11
Kennewick, WA 99336

Please make checks payable to: DRC of Tri-Cities.
We also accept Discover, VISA, and MasterCard.

Name on Card: _____ Discover ▫ Visa ▫ MasterCard ▫

Card #: _____ Expiration Date: _____ Sec. Code _____
Please call 509-783-3325 or email intake@drctc.org if you have any questions. If you prefer, we can take payment info over the phone.