

RESTORATIVE CIRCLE TRAINING

Participant Information

Name: _____ Organization: _____

E-mail address: _____ Phone: _____

Address: _____

How did you hear about the training?

What are your primary goals in attending this training?

Please list any trainings or workshops you have received in Restorative Practices or conflict resolution:

Are you interested in receiving clock hours for Washington State Educators? Yes No

Cost of Training:

\$375 Registration Fee

Yes, I want to help raise a mediator!

I would like to donate towards training and mentoring community mediators:

\$50 \$100 Other \$_____

Total Amount Due \$_____

Cancellation policy: There is a \$25 processing fee for all refunds. No refunds for any reason 7 days prior to the workshop, although you are welcome to gift your seat to a colleague.

