



Registration for Mediator Certification Training and Credit Card Authorization

Name as it appears on your license: _____

License Type and Number (*Law, Counselor, etc.*): _____

Name (as it appears on the credit card): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

The undersigned authorizes noted charge to the credit card listed.

Credit Card Number: _____

Expiration: _____ Security Code: _____

Issuing Bank: _____

Service(s): Mediation Certification -- circle one: Family or Civil

Date(s): Circle one: Family Feb. 1-5, 2010 or Civil March 1-5, 2010

Rate(s): \$1200 of which \$200 is a tax deductible donation to the Mediation

and Meeting Center of Charleston

I hereby authorize Effect Services LLC to bill the above referenced credit card for these charges. If the credit card is declined, a twenty percent processing fee and any legal fees will be added to the charges. Cancellation Policy: In the event you must cancel participation, up to 14 days prior to the start date you may request a refund of the amount less a ten percent processing fee; 13 days or less prior to the start of the class you may request a refund of fifty percent of the registration. You may transfer your full registration to someone else up until 3 days prior to the start of the class. This form may be returned by scanning and emailing, or by mail.

To pay by check: Effect Services LLC, 5072 Coral Reef Drive, Johns Island, SC 29455.

Date: _____

Signature of Cardholder: _____