

Registration Form

I wish to enroll in the following courses:

____ Mediation/Conflict Resolution Skills
____ Interest-Based Bargaining
____ Facilitation Skills
____ Workplace Diversity
Desired Training Location _____

Payment

Credit Card Payment in the amount of \$ _____
Account # _____
Expiration Date _____
Signature _____
OPAC to Agency Location Code in amount of \$ _____
ALC# _____
Submit check to FMCS, or for invoicing, please submit standard government training form

Participant Information

Name: _____
Title: _____
Office: _____
Organization: _____
Address: _____
Room/Mail Code: _____
City/State/Zip: _____
Telephone: ____ / _____
Fax: ____ / _____
E-Mail: _____

Return to:

FMCS
Attention: Fran Leonard
2100 K Street, NW
Washington, D.C. 20427