



Name: _____ Date: _____

Company/Organization: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Profession/Occupation (optional): _____

If affiliated with a Nebraska Mediation Center, please indicate:

- Mediation West Central Mediation Center Concord Mediation Center
- The Mediation Center Nebraska Mediation Center The Resolution Center

Due to state regulations, if you are not already a member of NMA, you must become a member to attend training.

Membership

- Individual: \$50
- Organizational (up to 3 members): \$140
- Additional Organizational Members: \$40 ea.

Basic Mediation Training *Please indicate the session you'd like to attend:* _____

- Individual Registration: \$625 per person
- Registration of 2 or more under an Organizational Membership: \$595 ea.
- Registration of 3 or more with Individual Memberships: \$595 ea.

Basic Mediation Bridge Training *Please indicate the session you'd like to attend:* _____

- \$99 per person

Please give the details of your basic training (trainer/organization, date of training): _____

Do you plan to apply for an ODR waiver for becoming a Parenting Act-approved mediator? Yes No Maybe

Family Mediation Training *Please indicate the session you'd like to attend:* _____

- \$850 per person

If you are registering for Family Mediation Training, basic mediation training is a prerequisite.

1. If you are seeking to become a Nebraska Parenting Act Approved mediator, you will need to have attended a course approved by the Office of Dispute Resolution or will need to have obtained a waiver.

- Nebraska Mediation Association Creighton Law/Werner Institute
- University of Nebraska College of Law UNO with instructor Cindy Tierney
- Creighton's Negotiation and Conflict Resolution Graduate Program
- Other training with NMA Bridge Training and/or Waiver from Office of Dispute Resolution

Date(s) you completed the above training/were granted an ODR waiver: _____

2. Basic Mediation Training approved by the Instructors is required in all other cases. Please give the details of your training below (trainer/organization, date of training): _____

A syllabus or curriculum outline for the training will also need to be submitted for approval by the lead trainer.

Please make checks payable to: **Nebraska Mediation Association**