Conference Registration Form

The Center for ADR's 2020 Virtual Conference Series I (June 24-July 2) and Series II (July 6-10)

Please type or print your conference registration information below. Name Title Organization Address (Street Number and Name) City/State/Zip Telephone Number Fax Number E-mail We will be printing a networking list of conference attendees, which will include the name, city, state and email address. If you prefer <u>not</u> to share your information with other attendees, please indicate by checking this box \Box . Registration Fees* Conference Series I and II \$120 \$ Send your completed conference registration form with payment by mail, fax or electronically. If paying by Purchase /Training Order -\$25 \$ Mail to: Center for ADR ADD processing fee. PO Box 4744 Crofton, MD 21114-4744 Fax to: (301) 313-0038 TOTAL Email to: centerforadr@earthlink.net Please direct your questions to Center for ADR at (301) 313-*The virtual conference series may qualify for MPME 0800 or by fax at (301) 313-0038. improvement activities and continuing ADR education hours. If you submitted your registration and have not received a response after three days, please contact the Center to confirm receipt. **Payment Information** Cancellation Policy: Amount Enclosed: Written notice of cancellation must be received by June 19, ☐ Check (payable to Center for ADR/CCDR) 2020. (There will be a \$20 administrative fee charged for all canceled registrations prior to June 19. After Credit Card:

Visa ☐ MC ☐ Discover June 19, no refunds will be given.) Name on card: _____ Registrants who do not attend and who have not canceled by the cancellation date are liable for the entire registration fee. Account #: _____ If you have requested us to bill your organization/agency, Exp. Date: ______Security Pin #:_____ we will do so in accordance with these conditions.

Substitutions for registered participants are accepted at any

time without charge.

Billing Address:

Signature:

City, State, Zip Code: ___