

Resolve To Solve, Inc.

Conflict Resolution Services



Printable Registration Form **(please print)**

First Name: _____ Middle Initial: _____

Last Name: _____

Company Name: _____

Training Title: _____

Training Date: _____

Address: _____

Lot / Apartment# _____

City: _____

State: _____ Zip: _____ -- _____

Work Phone: () _____ -- _____ Ext.: _____

Fax: () _____ -- _____

Home Phone: () _____ -- _____

Cell: () _____ -- _____

Email: _____ @ _____

Signature: x _____

2450 Atlanta Hwy., Ste 103 Cumming, Ga. 30040

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Form of Payment

Please Circle One: Deposit / Full Payment

Check # _____ Amount Enclosed: \$ _____

Credit Cards:

Please Circle One Master Card / Visa

Credit Card# []--[]--[]

Expiration Date: _____ / _____

Signature: x _____

Do you have any special needs to participate? Yes | No
If so, please describe your needs.

****A deposit of \$150.00 must accompany registration; full payment for one day trainings.
Cancellation Policy: if cancelled within 30 days of training, deposit is refundable,
less a \$35.00 administrative fee.

- Final payment is due 14 days prior to the training.
- Please make your checks payable to:
- Resolve To Solve, Inc.
- and mail it to:

2450 Atlanta Hwy., Ste 103
Cumming, Ga. 30040

for office use only

Date Received: _____ Intake: _____

Balance Owed: _____ Date: _____

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