



7315 Hanover Parkway, #C, Greenbelt, MD 20770
FOR MAIL: Post Office Box 4744, Crofton, Maryland 21114-4744
 (301) 313-0800 voice • (301) 313-0033 fax

REGISTRATION ANNOUNCEMENT

Assessing Our Internal GPS (Global Positioning System) When Navigating the Transitions through Cultural Diversity, Conflict, and Change in Our Personal Lives and When We Serve as Mediators

Date: *October 13 & 14, 2010*

Time: *9:30 a.m. to 4:30 p.m.*

This interactive two-day session will look at the impact our internal perspective (our Global Positioning System-GPS) has on our decision-making and our behavior when addressing cultural diversity, conflict and change. The session will focus on the unintended effects culture, diversity, conflict and change have on the many decisions we make in our personal lives, as well as when we serve as mediators. It will also reveal the internal transitions we experience and use to make such decisions and the impact the decisions can have on our interactions with others, including the parties in a mediation. Through open discussion, participants will reflect upon the unintended consequences of the decisions they make and assess alternatives that may provide a more productive outcome.

Please note that this course will be capped at 15 participants. In order to reserve your space, a \$100 (non-refundable) deposit or the full registration fee is required. Please make your check *payable to Center for ADR* and mail to the **Center for Alternative Dispute Resolution, Post Office Box 4744, Crofton, Maryland 21114, by *September 29, 2010***. The training will be held at the Center for ADR, 7315 Hanover Parkway, Suite C, Greenbelt, MD.

REGISTRATION FORM

ASSESSING OUR INTERNAL GPS WHEN NAVIGATING THE TRANSITIONS THROUGH CULTURAL DIVERSITY, CONFLICT, AND CHANGE IN OUR PERSONAL LIVES AND WHEN WE SERVE AS MEDIATORS

Name: _____

Organization: _____

Street Address/P.O. Box: _____

City/State/Zip: _____

Telephone Number: _____ Fax Number: _____

Home Telephone Number: _____ E-mail Address: _____

\$590 (*early registration by September 29, 2010*)

\$15.00 (*Add a processing fee if you are paying by Purchase Order*)

\$690 (*late registration after September 29, 2010*)

TOTAL AMOUNT ENCLOSED \$ _____

Credit Card: Visa MasterCard

Other _____

Credit Card #: _____ Name on card: _____

Expiration date: _____ Billing Address Zip Code: _____ Security #: _____

Signature: _____

Cancellation Policy: We require written notice of all course registration cancellations no later than ***September 29, 2010***. Registrants who do not attend and have not cancelled by the cancellation date are liable for the entire course fee.