



Association for
Conflict Resolution

REGISTRATION FORM
ADVANCED LABOR
ARBITRATOR WORKSHOP
SEPTEMBER 28 AND 29, 2004 · SACRAMENTO, CALIFORNIA

Fax registration form with credit card information to 703-685-1144 or *Mail* with check payable to “ACR” to
Conference Management & Logistics P.O. Box 25112, Arlington, VA 22202

**THIS WORKSHOP WILL BE LIMITED TO THE FIRST 30 REGISTRANTS WHO ARE LABOR ARBITRATORS
AND HAVE ISSUED AT LEAST FIVE (5) DECISIONS**

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| <p><i>ACR/FMCS/NAA SPONSORED ARBITRATOR WORKSHOP</i></p> <p>“BUILD YOUR PRACTICE AND AVOID PITFALLS”</p> <p>FOR QUESTIONS ABOUT YOUR REGISTRATION, CALL 703-685-4130. FOR QUESTIONS ABOUT THE PROGRAM OR QUALIFICATIONS, CONTACT CO-CHAIR JEREMY COHEN AT 716-861-1271 OR jvcohen1936@yahoo.com</p> | <p><i>EARLYBIRD REGISTRATION UNTIL SEPT 1, 2004</i></p> <p>\$325.00</p> | <p><i>REGULAR REGISTRATION AFTER SEPT 1, 2004</i></p> <p>\$375.00</p> |
| NAME _____ | | |
| TITLE/ORGANIZATION _____ | | |
| ADDRESS _____ | | |
| CITY/STATE/ZIP _____ | | |
| PARTICIPANT PHONE # _____ | | |
| PARTICIPANT FAX # _____ | | |
| EMAIL _____ | | |
| SPECIAL NEEDS OF PARTICIPANT _____ | | |
| METHOD OF PAYMENT | | |
| <p style="text-align: center;">CHECK PAYABLE TO “ACR”</p> <p>CREDIT CARD NO. _____ EXP DATE _____</p> <p style="text-align: center;"> <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> AMEX </p> | | |
| CARDHOLDER’S NAME AND SIGNATURE _____ | | |
| CARDHOLDER’S PHONE # _____ | | |

PERSONAL CERTIFICATION: “I certify that I meet the minimum requirements to attend this workshop, i.e. I am a labor arbitrator and have issued at least five labor arbitration decisions.

SIGNATURE _____

REFUND AND CANCELLATION POLICY. Requests for refunds must be made in writing and must be postmarked by September 15, 2004 for a full refund, less a \$50 administrative service charge. The cancellation will be acknowledged but refunds will not be issued until after the Workshop. Cancellations postmarked between September 15 and 26, must include documentation of a medical emergency. Those unable to attend because of a medical emergency will be issued a letter of credit for 50% of the appropriate fee that can be applied towards the registration fee of a future Labor Arbitration workshop. Refund requests postmarked after September 27 cannot be honored under any circumstances. Substitutions are permitted at any time upon written notice from the original registrant and certification by the substitute attendee of his/her qualification to attend the Workshop.