



Practical Skills for Managing Interpersonal Conflict

June 12-15, 2012

Mail-In/Fax/Email Registration Form

Please fill out the form below to provide us with the necessary information to process your registration. All information in red with an asterisk (*) is required. If you have questions, please call 316-284-5217.

Name

(Name as you wish it to appear on course certificate and nametag.) *One registration form per person required.*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prefix	*First	MI	*Last
<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>
Company/Institution/Agency		Male	Female Title

Mailing Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Street/PO Box	*City	*State/Province	*ZIP (postal code)
<input type="text"/>	<input type="text"/>	<input type="text"/>	
*Phone	Fax	*E-mail Address	

Registration Specifics

Location: Kaufman House Training Facility, Bethel College
2515 College Avenue, North Newton KS

Registration Fee: \$450 if the \$75 non-refundable deposit is received by May 29, 2012; \$495 thereafter.

Academic Credit: I request information regarding college credit.
 I request information regarding seminary credit.

Social Work CEUs: I wish to receive Continuing Education Units for Social Workers.

Refund Policy: If you must cancel your registration, do so as soon as possible. A refund, minus a \$50 processing fee, will be made if cancellation is received no later than seven days prior to the training. Thereafter, refunds are unavailable.

Cancellation Policy: KIPCOR may cancel or postpone any training course because of insufficient enrollment or other unforeseen circumstances. If there is a cancellation or postponement, liability is limited to the registration fee.

Special dietary requirements? If none, leave blank.

Special assistance required? If none, leave blank.

Payment Options

<input type="checkbox"/> Check enclosed.	Payable to KIPCOR. Mail check and registration form (address below).
<input type="checkbox"/> Credit card charge.	Provide information below, and fax, mail or email form, as indicated at the bottom of the page. <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Credit card #: _____ Expiry Date _____ V-code (last three digits on back) _____ Amount \$ _____ Name on card: _____ Address / Zip of credit card holder _____