



CommonSense Mediation

Panko Collaborative Law and Mediation  
CommonSense Mediation Academy  
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S7K 2L8

## Course Registration Form

2020

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Course Name: \_\_\_\_\_

Course Date: \_\_\_\_\_

Meal preferences/Dietary accommodations needed: \_\_\_\_\_

Payment Details (circle):

Cheque enclosed

Credit Card

eTransfer Sent

Credit Card Information:

Number: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_ Type of Card (circle): Visa Mastercard

Expiration Date: \_\_\_\_\_ CVV (security code on back of card): \_\_\_\_\_

*Please complete and return to [admin@commonsensemедiation.ca](mailto:admin@commonsensemедiation.ca)*

*50% of your fees due upon registration to hold your spot; 50% due the week of the training*

*Questions? Contact Demi or Dominique at 306-975-7151*