



WBGR ADR Registration

MEDIATION CERTIFICATION SIGN-UP SHEET

40-Hour Certified Mediation Training (Maryland Rule 17 Aligned)

Class Date: _____

Location: _____

PARTICIPANT INFORMATION

Full Name:

Phone Number:

Email Address:

City / State:

PROFESSIONAL BACKGROUND

Current Occupation:

Industry:

Legal

Business

Education

Sports / Entertainment

Government

Other: _____

MEDIATION INTEREST

Why are you interested in becoming a mediator?

GOALS (CHECK ALL THAT APPLY)

- Start a mediation business
- Join court-connected mediation programs
- Expand legal/professional services
- Work in sports & entertainment disputes
- Personal development

EXPERIENCE

Do you have prior mediation or legal experience?

- Yes No

If yes, explain briefly:

REGISTRATION DETAILS

Payment Status:

- Paid in Full
- Payment Plan
- Pending

Amount Paid: \$_____

AGREEMENT

I understand this is a 40-hour mediation training program and agree to attend all required sessions to receive certification.

Signature: _____

Date: _____

CONTACT INFORMATION

WBGR ADR Institute

301-429-9247

WBGR.LAW.COM