

## REGISTRATION

**Class:** Telephone Conciliation Training

**Dates:** Tuesdays, Oct. 9, 16, & 23, 2018, 9a.m. – 5p.m.

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Do you live or work in Bellevue?** \_\_\_\_\_ **Are you available to attend the entire training?** \_\_\_\_\_

**How did you hear about the training?** \_\_\_\_\_

**Languages you speak fluently:** \_\_\_\_\_

**Current or Former Occupation:** \_\_\_\_\_

**Describe your interest in the Training.**

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**Describe any training or experience you have had in conflict resolution.**

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**Describe any skills you have that you feel would be useful in resolving conflict.**

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**Please include a current resume with your registration and email to:** [BCRC@bellevuewa.gov](mailto:BCRC@bellevuewa.gov)  
**or mail to:**

**Bellevue Conflict Resolution Center  
City of Bellevue  
P.O. Box 90012  
Bellevue, WA 98004**

**Questions? Phone: 425-452-4091**