



## **INSTITUTE OF CHARTERED MEDIATORS AND CONCILIATORS (ICMC)**

Tel: 08063816153, 07038896753

Email: icmctrainings@gmail.com

### **MEDIATION SKILLS ACCREDITATION AND CERTIFICATION TRAINING LEADING TO ASSOCIATE MEMBERSHIP OF THE INSTITUTE**

#### **PRE- COURSE REGISTRATION FORM**

#### **EXPECTATIONS**

Theories/Discussions  
Role Plays/Interactive Exercises  
Accreditation Examinations  
Post course Assignments

Upon successful completion of assessments and passing the accreditation examinations, participants will be invited to attend the Induction Ceremony of the Institute, qualify to use the title "A/ICMC" (Associate Member, Institute of Chartered Mediators and Conciliators) and will have their names listed in the ICMC Members' Directory. The Induction fee for Associate Members is N30,000 (Thirty Thousand Naira) only.

#### **PERSONS ELIGIBLE TO ATTEND**

This course offered by the Institute is open to all professionals irrespective of your discipline and vocation because conflicts are inevitable in our daily interactions and inherent in all interdependent relationships.

**COURSE DURATION:** Four Days

**TRAINING FEES:** N150,000 (One Hundred and Fifty Thousand Naira) only. Training fees cover training materials, tea breaks and lunch.

Registration and payment at the venue attracts an additional 10% charge of the training fee

Payment can be made by deposit or transfer into the Institute's account:

*Account Name: Institute of Chartered Mediators and Conciliators*

*Bank: Zenith Bank*

*Account Number: A/C No: 1012451855*

#### **CANCELLATION**

Please note that the Secretariat must be given at least two working days' notice of any cancellation. In the event of cancellation, without sufficient notice, the participant will be charged 5% of the training fee as penalty.

If you wish to defer your participation in the training, kindly notify the Secretariat at least two working days before the commencement of the course.



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**Pre- Course Registration Form**

I wish to register for the Mediation Skills Accreditation and Certification Training of the Institute of Chartered Mediators and Conciliators.

Training fee is payable in full in advance (At least one week before commencement of training)

KINDLY USE BLOCK LETTERS TO FILL THIS SECTION

Surname: \_\_\_\_\_

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

Other Names: \_\_\_\_\_

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

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

Tel. No: \_\_\_\_\_

Profession: \_\_\_\_\_

Firm/Organization: \_\_\_\_\_

I have read and understood the terms and conditions and hereby append my signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_