

**Advanced Mediation Skills - Baltimore 2015**

***APPLICATION FORM***

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title Organization/Firm

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Work Telephone Fax Number

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

Years in mediation practice: \_\_\_\_\_ Practice focus in area of: \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

List most recent degrees first.

\_\_\_\_\_  
*College or University* *Date* *Degree* *Major*

\_\_\_\_\_  
*Law School*

**PROFESSIONAL ASSOCIATIONS AND DISTINCTIONS**

List any appointments you have held recently on commissions or boards, or in professional associations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any honors you have received, presentations you have given, or writing you have published during he last five years.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DISPUTE RESOLUTION/ADVOCACY TRAINING**

List most recent training first.

\_\_\_\_\_  
*Training Organization/Sponsor* *Type of Program* *Date* *Length of Program*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRESENT DISPUTE RESOLUTION/ADVOCACY WORK**

Describe briefly the nature and scope of the dispute resolution/advocacy services you provide.

**Please include the number of mediations where you have been the SOLE MEDIATOR** and type of cases you have handled.

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**ANTICIPATED BENEFIT**

What do you hope to gain by participation in the *Advanced Mediation Skills* program?

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**PROFESSIONAL REFERENCES**

The admissions committee requests the names of two professional colleagues we may contact to assess your qualifications for the *Advanced Mediation Skills* course.

Name	Title	
Organization	Address	
City	State	Zip Code
Work Telephone	Fax Number	

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*Please return this application by email or fax to (310) 506-4437 or to the following address:*

**Pepperdine University School of Law  
Straus Institute for Dispute Resolution  
Attn: Lori Rushford  
24255 Pacific Coast Highway  
Malibu, CA 90263-4655**