

**Advanced Mediation Skills - Malibu 2015**

***APPLICATION FORM***

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Name

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Title Organization/Firm

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Address

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City State Zip Code

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Work Telephone Fax Number

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Email Address

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

**EDUCATIONAL BACKGROUND**

List most recent degrees first.

<i>College or University</i>	<i>Date</i>	<i>Degree</i>	<i>Major</i>
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*Law School*

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**PROFESSIONAL ASSOCIATIONS AND DISTINCTIONS**

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

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

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**DISPUTE RESOLUTION/ADVOCACY TRAINING**

List most recent training first.

<i>Training Organization/Sponsor</i>	<i>Type of Program</i>	<i>Date</i>	<i>Length of Program</i>
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**PRESENT DISPUTE RESOLUTION/ADVOCACY WORK**

Please 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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Name	Title	
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City	State	Zip Code
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Please return this application by email ([lori.rushford@pepperdine.edu](mailto:lori.rushford@pepperdine.edu)) or fax to (310) 506-4437 or mail 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**