

EDR MANUAL REGISTRATION FORM

Name: _____

Job Title: _____

Are you a supervisor? yes no **E-Mail Address:** _____

Telephone#: _____ **Fax#:** _____

Agency: _____ **Facility:** _____

Address: _____

Course Title: _____

Date: _____ **Time:** _____ **Location:** _____

Approval: (This area must be completed or registration cannot be processed)

I have obtained the necessary agency approval to participate in this training course: yes no

Approval given by: _____ **title:** _____

Telephone#: _____ **Fax#:** _____

Email Address: _____

For the Basic and Group Mediation courses: I understand that my approval is for this employee to attend this course and to conduct at least one EDR Mediation a year. I recognize this means the employee will be away from his/her regular place of work during this time. **Approval given:** _____
(initial)

If applicable, please provide billing info below:

IAT Agency- Agency#: _____

Billing Address: _____

If paying by check, please make checks payable to Treasurer of Virginia (A \$25.00 charge will be assessed for any returned checks).

If accommodation for a disability is required, please specify: _____

Please return the completed form to:
Department of Employment Dispute Resolution
One Capitol Square, 830 E. Main St., Suite 400
Richmond, VA 23219
FAX (804) 786-0111