

**Wayne Mediation Center
Mediator Internship Application**

Last Name:	First Name:	Middle:
Address:		
City:	State:	Zip:
Primary Phone #: () -	Email Address:	

We want to comply with the *Americans with Disabilities Act*. Please list any special accommodations you will need to mediate:

I am an: () attorney () non attorney **[please check one]**

I am interested in mediation because: _____

<u>Form of Payment</u>

Please circle the payment option that applies to you

- 1) Enclosed is my check in the amount of \$300.00 payable to **Wayne Mediation Center**.
- 2) I wish to pay with the following credit card:

Visa MasterCard Discover

Name as it appears on account: _____

Account No: _____ - _____ - _____ - _____ Exp: ____/____

Mailing Address for account: _____
(if different from above) _____

I authorize the charge of \$300.00: _____
(authorized signature)