

# Registration Form

DR. PETER R. MAIDA, LLC  
5335 WISCONSIN AVENUE, NW  
WASHINGTON, DC 20015  
SUITE 440  
202-730-0863, 0864



September 12, 2014

Registrant's Name

Address

**DESCRIPTION**

**QUANTITY**

**COST**

**Mediation Training-  
Trans-Acting in the Workplace**

1

\$500

For Groups of 3 or more, the cost is \$400 per person

Location of Training: 5335 Wisconsin Ave NW-  
20015 Washington DC  
Suite 600

Method of Payment - Check or Credit Card

Fax Number: 202-730-1258

E-mail: dr.petermaida@comcast.net

EIN - 45-4194258

**PAID**

**TOTAL**