



# COLLABORATIVE PRACTICE INSTITUTE of MICHIGAN

Resolving Disputes Respectfully.



## ***2018 COLLABORATIVE DIVORCE BASIC TRAINING***

### **WHEN:**

Thursday and Friday, April 26<sup>th</sup> and 27<sup>th</sup> from 8:00am - 5:00pm

### **TRAINERS:**

David Brunson, Melinda Eitzen & Linda Solomon

To learn more about the trainers please visit:



Brunson: [www.lifewayfinancial.com](http://www.lifewayfinancial.com) (Lifeway Financial Corporation)  
Eitzen: [www.mydallasfamilyattorney.com](http://www.mydallasfamilyattorney.com) (Duffee + Eitzen LLP)  
Solomon: [www.lindasolomonlpc.com](http://www.lindasolomonlpc.com) (Linda Solomon, LPC, LCDC, LMFT)

### **ATTENDANCE:**

Attorneys, Mediators, Mental Health Professionals and Financial Professionals  
(CE credits for MSWs pending)

### **LOCATION & ACCOMMODATIONS:**

Hilton Garden Inn – Detroit/Novi located at 27355 Cabaret Drive, Novi, Michigan 48377

- Hotel rooms are reserved at the discounted rate of \$144 per night. Reservations must be made by the cutoff date of March 26, 2018.
- To make your hotel room reservation please use the link below:  
[http://hiltongardeninn.hilton.com/en/gi/groups/personalized/D/DETNOGI-CPI-20180425/index.jhtml?WT.mc\\_id=POG](http://hiltongardeninn.hilton.com/en/gi/groups/personalized/D/DETNOGI-CPI-20180425/index.jhtml?WT.mc_id=POG) (Once registered, our administrator will email you this link.)

### **COST:**

The early bird registration fee is \$595.00 if paid by March 31<sup>st</sup> (after March 31<sup>st</sup> the fee is \$695.00). If you are a current CPIM member the rate is \$299.00. (Please note that in order to be a CPIM member you must first take the basic training.)

Registration includes breakfast, lunch, snacks, coffee/drinks and materials.

The cutoff date to sign up is Friday, April 13<sup>th</sup>. Sign up today as **spots are limited!**



## REGISTRATION FORM

Name: \_\_\_\_\_

Name You Would Like on Name Tag: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Email: \_\_\_\_\_

Profession: \_\_\_\_\_ Attorney

\_\_\_\_\_ Mediator

\_\_\_\_\_ Mental Health Professional

\_\_\_\_\_ Financial

\_\_\_\_\_ Other:

### **Payment Method:**

Check (make payable to CPIM)

Credit Card (we accept Visa, MasterCard and Discover)

Card Number: \_\_\_\_\_

Card Expiration: \_\_\_\_\_

Signature: \_\_\_\_\_

### **Mail, E-Mail or Fax Registration To:**

Collaborative Practice Institute of Michigan

29 Pearl Street NW, Suite 414

Grand Rapids, Michigan 49503

Phone: (616) 608-7514

Fax: (616) 233-9166

Email: [admin@collaborativepracticemi.org](mailto:admin@collaborativepracticemi.org)

**Cancellation policy: 30 days or more, 75% refunded; 14 days or more, 50% refunded; 7 days or more, 25% refunded**

*We regret that we cannot honor refund requests made less than 7 days before the workshop.*

*Please email [admin@collaborativepracticemi.org](mailto:admin@collaborativepracticemi.org) with any special arrangements or dietary restrictions.*