

# Georgia Office of Dispute Resolution Trainer Reporting Form

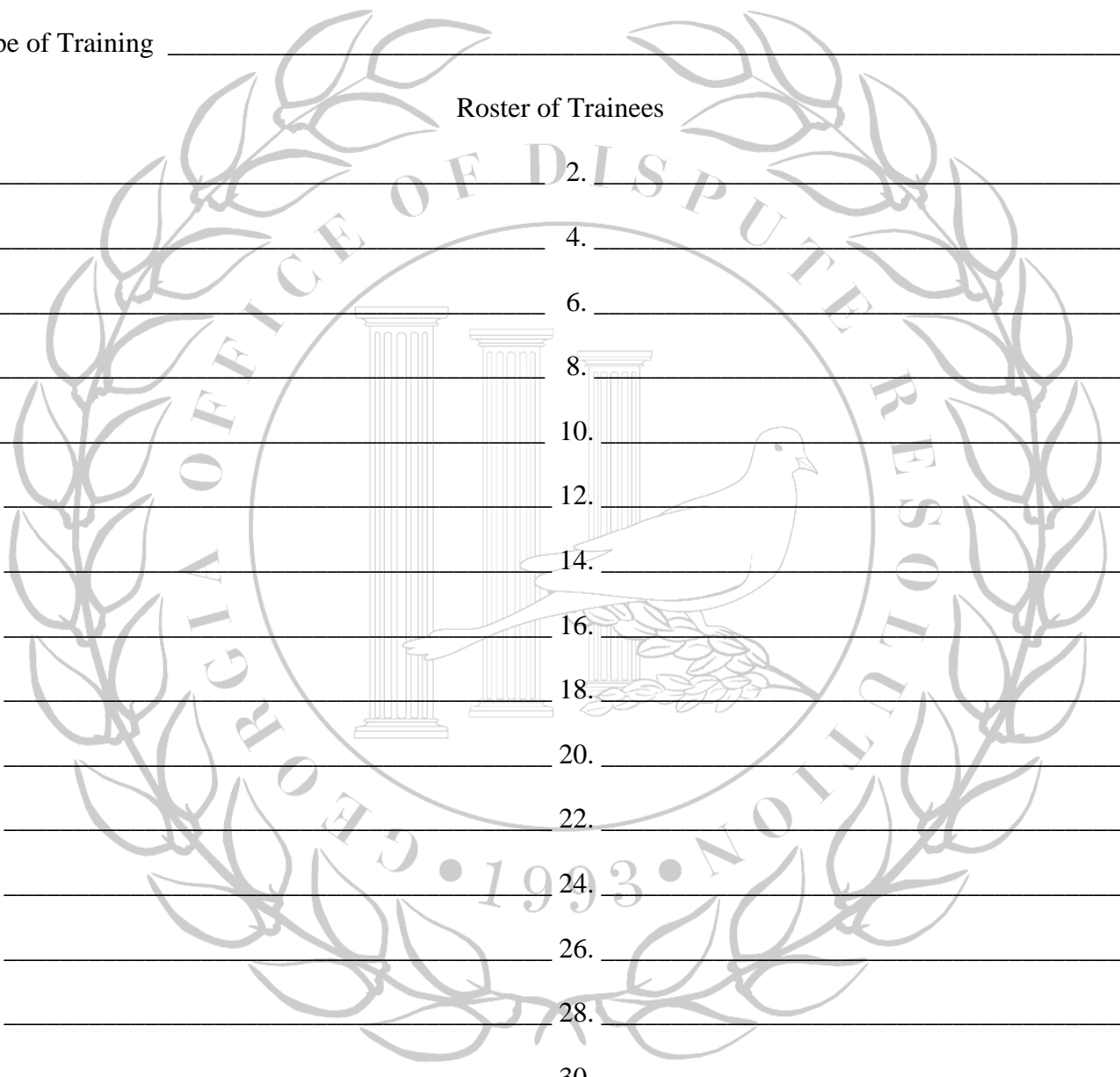
(Use only for trainings that have GODR approval;  
do not use for practicums or continuing education seminars)

Name of Approved Trainer \_\_\_\_\_

Date of Training \_\_\_\_\_ Location of Training \_\_\_\_\_

Type of Training \_\_\_\_\_

## Roster of Trainees

- 
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
  6. \_\_\_\_\_
  7. \_\_\_\_\_
  8. \_\_\_\_\_
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  25. \_\_\_\_\_
  26. \_\_\_\_\_
  27. \_\_\_\_\_
  28. \_\_\_\_\_
  29. \_\_\_\_\_
  30. \_\_\_\_\_

Total Number of Trainees: \_\_\_\_\_ x \$25 = Total Remittance Enclosed \_\_\_\_\_

Thank you

Office Use Only    Date Received \_\_\_\_\_    Check Number \_\_\_\_\_