

Georgia Office of Dispute Resolution Trainer Reporting Form

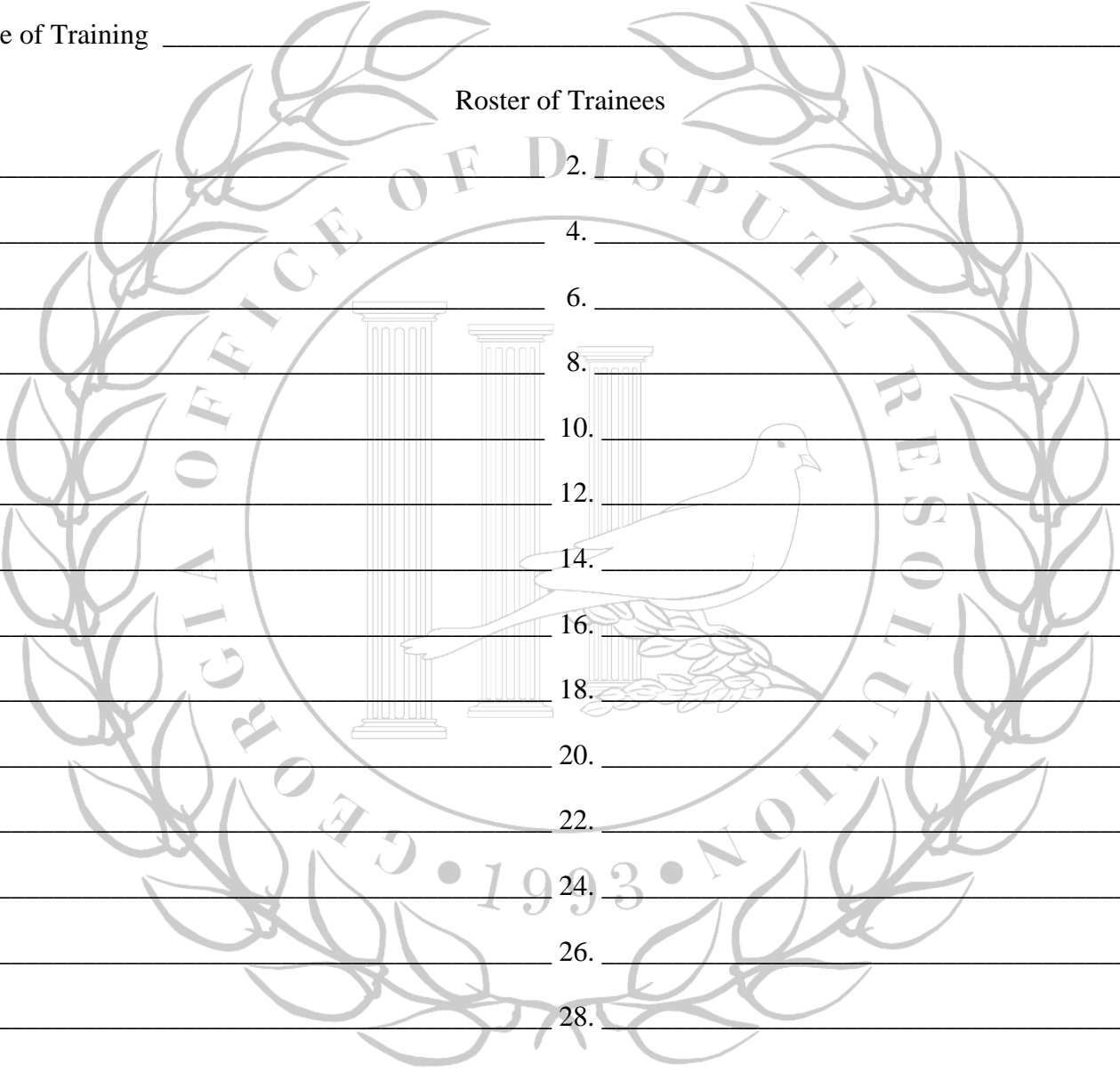
(Use only for trainings that have GODR approval;
do not use for practicums or continuing education seminars)

Name of Approved Trainer _____

Date of Training _____ Location of Training _____

Type of Training _____

Roster of Trainees

- 
1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
 8. _____
 9. _____
 10. _____
 11. _____
 12. _____
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 17. _____
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 19. _____
 20. _____
 21. _____
 22. _____
 23. _____
 24. _____
 25. _____
 26. _____
 27. _____
 28. _____
 29. _____
 30. _____

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

Thank you

Office Use Only Date Received _____ Check Number _____