

Arbitration Advocacy Course

General Information

Registration: The tuition for the Advanced Labor Arbitration Course is \$2,395. This tuition covers the five day course, the manual and class materials. Living cost are not included. Payment is due upon confirmation of enrollment by Labor Arbitration Services, Inc. **MAJOR CREDIT CARDS ARE ACCEPTED. (ASK ABOUT OUR GROUP DISCOUNT.)**

TO REGISTER, please call, mail or email the registration form below. Program enrollment is by advance registration and is only complete upon receipt of confirmation from LAS. **ATTENDANCE IS LIMITED, SO EARLY REGISTRATION IS SUGGESTED.**

CANCELLATION: If it is necessary for you to cancel a registration, your tuition is refundable (except a \$50 cancellation fee), provided notice of cancellation is received in our office in Tampa at least 14 days before the start of your particular course date. (Substitute attendees may be made anytime. Labor Arbitration Services, Inc. reserves the right to cancel any course with 14 day notice.

HOTEL: All 2021 classes will be conducted at the **Westshore Grand, 4860 W. Kennedy Blvd., Tampa, FL 33609**, Tel. 1(888) 236-2427 (a Marriott hotel). The hotel provides complimentary Wi-Fi, Airport Shuttle from Tampa Int'l Airport and free self-parking. A limited block of hotel rooms is reserved for each course and held until 30 days before the date of each class. After that, the regular hotel rate will apply.

Registrants must make their hotel reservations. LAS will provide you with the event name and hotel reference code for blocked rooms, along with the confirmation of your course registration. (There are other near-by hotels - Contact LAS for a list.)



Come Train with Us!

Mail or Email this registration form to:
LABOR ARBITRATION SERVICES, INC.
301 W. Platt St., Suite 431
Tampa, Florida 33606
Tel: (813) 382-0754
Email: laborarbitration@aol.com
www.laborarbitrationservices.com

REGISTRATION FORM

(Mark your attendance Date)

Advanced Course Date: Tampa, FL

____ SEPTEMBER 13 - 17, 2021

NAME: _____ TITLE: _____

ORGANIZATION: _____ PHONE: (____) _____

ADDRESS: _____
(Street Address, Please)

CITY, STATE, ZIP: _____

E-MAIL ADDRESS: _____ FAX: _____
(Please Print)

PREFERRED NAME: _____

Payment method: ☐ Check (Payable to Labor Arbitration Services, Inc.)

CSC Security Code

☐ Master Card

☐ Visa

☐ American Express

Card No.: _____ Exp. Date: _____ Signature: _____