



## Collaborative Practice Interdisciplinary Team Training Registration

### At the training you will learn:

- Actual skills and procedures to begin a collaborative case
- How the collaborative process integrates the roles and functions of all team members
- The legal, financial and psychological basis of collaborative practice, along with results oriented techniques for practicing in the team model
- Powerful ways to utilize a team process to deal with difficult clients, other professionals and problematic situations
- How to engage your clients in the collaborative process and keep them engaged
- Attorneys who have already taken a basic collaborative training will learn how to integrate and utilize the collaborative team

### Who should attend the training:

- Attorneys, Mental Health Professionals, Financial Planners and Accountants interested in collaborative practice  
(CEU credits available for Mental Health Professionals)
- Attorneys who have taken a basic collaborative training, but wish to learn the team approach

**Dates:** Thursday May 8<sup>th</sup> through Saturday May 10<sup>th</sup>

**Location:** Holiday Inn  
2 Montgomery Village Avenue  
Gaithersburg, Maryland 20879  
(301) 948-8900

**Times:** 8:00 am Registration and Continental Breakfast  
8:30-5:00 Training, with one-hour break for lunch (lunch  
and afternoon snack will be provided)  
8:30-4:00 Saturday

<b>Cost:</b>	<u>Before March 1, 2008</u>	<u>After March 1, 2008</u>
CDRP, Inc. Member	\$750	\$795
Non-Member*	\$775	\$820

**Questions?** Please Contact:

Karen Robbins, Esq	(301) 260-0223	familylawmd@aol.com
Margie Hofberg	(301) 208-9090 x112	margie@rmcenter.com

\*Becoming a member of CDRP, Inc. within 30 days of taking the training will entitle you to deduct \$20 from the cost of your membership.

Please send completed form and payment in the form of cash, check or money order made out to CDRP, Inc. by April 10, 2008 to:

Karen Robbins, Esq.  
2919-B Olney-Sandy Spring Road  
Olney, MD 20832  
Phone (301) 260-0223  
Fax (301) 260-0312

We apologize but we do not accept credit cards

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

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

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

Phone Numbers: \_\_\_\_\_ (work)

\_\_\_\_\_ (home/cell)

\_\_\_\_\_ (fax)

Email Address: \_\_\_\_\_

I am a/n: *(please check all that apply)*

\_\_\_ Attorney

\_\_\_ Financial Professional

\_\_\_ Mental Health Professional

\_\_\_ other (please specify) \_\_\_\_\_

I have: *(please check all that apply)*

\_\_\_ Mediation Training

\_\_\_ Advanced Mediation Training

\_\_\_ Other Collaborative Law Training (please describe) \_\_\_\_\_

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