



and

present

A Special Lunch Event with
Kenneth Cloke, Mediator, Author

on the subject of

**Mediating Truth to Power: Techniques for Responding to Power
Struggles, Power Plays and Power Imbalances**

**March 13, 2008, Noon to 2:00 pm
Red Lion Hotel, 1415 Fifth Avenue, Seattle, 3rd Floor**

Kenneth Cloke, J.D., LL.M., Ph.D., is Director of the Center for Dispute Resolution in Santa Monica, California and a renowned mediator, arbitrator, organizational consultant and trainer. Dr. Cloke has resolved disputes involving labor relations, sexual harassment, discrimination as well as public policy in the workplace, schools, organizations and communities. He is the author of many journal articles and books, including *Mediating Dangerously*. Dr. Cloke also co-authored *Resolving Conflicts at Work*, *Resolving Personnel and Organizational Conflicts*, and *The Art of Waking People Up*. He is a founder and leader of Mediators Beyond Borders-Partnering for Peace and Reconciliation.

Special Thanks to:

King County Collaborative Law Civil Practice Group
KCBA Collaborative Law Section
KCBA Alternative Dispute Resolution Section

**Lunch will be provided
Sign-in 11:30am – noon
Program Begins Promptly at noon
2.0 General CLE Credits Approved**

**To register or for more information, go to
www.kcba.org/CLE
or scroll down for a printable registration form**

Registration Form

Kenneth Cloke, Mediator, Author

Thursday, March 13, 2008, noon to 2 P.M.
Red Lion Hotel, 1415 Fifth Avenue, Seattle, 3rd Floor

2.0 General CLE Credits Approved

1. Fax to 206-267.7099 or 2. Call 206.267.7004

3. Mail to KCBA CLE Dept or 4. Go to www.kcba.org/CLE

State Bar No: _____

Mr./Ms. First Name M.I. Last Name

Firm/Organization

Address

City State Zip Code

Telephone Number and Email address (**confirmation sent via email**)

Registration Fees: all course materials are included:

_____ \$50 KCBA Collaborative Law Section Member or
KCBA ADR Section Member or
King County Collaborative Law Member

_____ \$60 all others

Method of Payment:

_____ Check Enclosed (check # _____ Made payable to: KCBA)

_____ VISA or _____ Master Card Exp. Date: _____

Card No. _____

Name as it appears on card _____

Signature _____

*** Please notify KCBA of any disability or condition that may impact your participation one week in advance so we may ensure appropriate and comfortable accommodation.

*** If you must cancel, tuition will be refunded less a \$25 administrative fee if cancellation is received before 5:00 pm, March 10, 2008. **After 5:00pm Monday March 10, 2008, no refunds will be permitted.** However, substitute attendees are most welcome.