Thank you for your interest in being included on AGC-MN’s list of neutrals as a part of AGC’s Alternative Dispute Resolution Program. Please complete the information below and attach a C.V. and other information that best describes your background, expertise, or otherwise may be helpful for parties to choose you as a neutral.

|  |  |  |
| --- | --- | --- |
| Name: | Click or tap here to enter text. | Are you an AGC-MN member?  Yes  No |
| Firm: | Click or tap here to enter text. |  |
| Address: | Click or tap here to enter text. | What are your standard fees? Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. |  |
| Email: | Click or tap here to enter text. |  |

Where are you available to hear cases? Yes Available but limited to:

|  |  |  |
| --- | --- | --- |
| Metro area |  | Click or tap here to enter text. |
| Southeast MN (Rochester) area |  | Click or tap here to enter text. |
| Southwest MN area |  | Click or tap here to enter text. |
| Central (St. Cloud) area |  | Click or tap here to enter text. |
| Northeast MN (Duluth) area |  | Click or tap here to enter text. |
| Iron Range area |  | Click or tap here to enter text. |

What subject matters would you like to be included on AGC’s list of neutrals?

|  |  |  |
| --- | --- | --- |
|  | **Mediator** | **Arbitrator** |
| Labor relations disputes (union) |  |  |
| Employment disputes (non-union) |  |  |
| Construction contracts disputes |  |  |

Have you completed training for mediation/arbitration?  Yes  No

Date: Click or tap here to enter text.

Title of course: Click or tap here to enter text.

Name of training provider: Click or tap here to enter text.

Number of hours of training: Click or tap here to enter text.

Significant experiences or skills: Click or tap here to enter text.

Additional comment: Click or tap here to enter text.