Let’s Talk Adoption Conference Walk-In Registration Form

Person 1
Last Name ___________________________ First Name ___________________________

Person 2
Last Name ___________________________ First Name ___________________________

Address ____________________________________________________________________________
__________________________________________________________________________________

City ___________________________________________ State _______________ Zip ______________

Phone (Day) _______________________________ (Evening) ________________________________

E-mail Address (print clearly) _________________________________________________________

Circle all that apply:
Adoptee   Prospective Adoptive Parent   Parent   Adoptive Parent
Foster Parent   DCF Resource Parent   Birthparent   Teacher
MSW   LCSW   LPC   DCF Staff   Student

Current CPFA Member? Yes  No

First time at this conference? Yes  No

Workshop Choices
Example - Session A: 1st Choice A1, 2nd Choice A8

Person 1 ____________________________________________

<table>
<thead>
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<tbody>
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<td>Session A (1 thru 9)</td>
</tr>
<tr>
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</tr>
<tr>
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Person 2 ____________________________________________

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**WALK-IN Registration Fees – Cash or Check only (Payable to CPFA)**

__________ $85 per person ($150/couple)

__________ $30 per full-time student (please submit proof of student status)

__________ $30 per person/$50 per couple 50% discount for DCP&P Licensed Resource Parents (please include license# and/or copy of license)

__________ $20 Continuing Education Hours fee (social workers, professional counselors, teachers)

__________ $25 CPFA Membership RENEWAL (optional)

__________ $25 CPFA NEW Membership - (optional)

__________ $45 CPFA Renewal/New Membership - 2 years (optional)

__________ Tax - Exempt Donation (optional)

__________ TOTAL ENCLOSED