REGISTRATION FORM (Mail-In Only)

IMPORTANT NOTE: Print and fill in this form if you plan to send your registration and check by mail. Please use online form if you want to register and pay via PayPal.

*Person 1*_____

Last Name *First Name*

Person 2_____

Last Name First Name

Address _____

City _____ State _____ Zip _____

Phone (Day) _____ (Evening) _____

E-mail Address (print clearly) _____

Current CPFA Member? Yes No First time at this conference? Yes No

Check or circle all that apply:

Adoptee Pre-adoptive Parent Post-adoptive Parent Foster Parent
Birthparent Teacher MSW LCSW LPF Student

WORKSHOP CHOICES *Example Session A : 1st Choice A1, 2nd Choice A8*	***Person 1*** ***1st Choice Workshop #***	***Person 1*** ***2nd Choice Workshop #***	**Person 2** **1st Choice Workshop #**	**Person 2** **2nd Choice Workshop #**
Session A (1 thru 9)	A_____	A_____	A_____	A_____
Session B (10 thru 18)	B_____	B_____	B_____	B_____
Session C (19 thru 27)	C_____	C_____	C_____	C_____
Session D (28 thru 36)	D_____	D_____	D_____	D_____

REGISTRATION FEES – Please make check payable to CPFA

_____ **$45** per person or **$80** per couple or **$25** per full-time student (please submit proof of student status)

_____ **$20** CEH fee (social workers, professional counselors, teachers)

_____ **$20** CPFA Membership RENEWAL (optional)

_____ **$20** CPFA NEW Membership – special discount (optional)

_____ **TOTAL ENCLOSED**

MAIL TO:

CPFA CONFERENCE, 12 Wilson Terrace, West Orange, NJ 07052