

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 _____

	Workshop #
Session A (1 thru 9)	
Session B (10 thru 18)	
Session C (19 thru 27)	
Session D (28 thru 35)	

Person 2 _____

	Workshop #
Session A (1 thru 9)	
Session B (10 thru 18)	
Session C (19 thru 27)	
Session D (28 thru 35)	

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