



2017 Adoptive Family & Youth Training Seminar May 19—21, 2017



Crowne Plaza Atlanta SW—Peachtree City, GA

FAMILY REGISTRATION FORM

Registration Begins on April 1, 2017 and the Deadline for registration is Friday, April 28, 2017.

Please complete this form and all additional required forms (see checklist on Registration Information Page in brochure)

	First Name	Last Name
Adult #1		
Adult #2		

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Email Address: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____ Fax Number: (____) _____

Are you currently an adoptive parent? YES NO Are you currently receiving adoption assistance funds? YES NO

Are you currently an adoptive parent & a foster parent? YES NO Are you currently in the adoption process? YES NO

Was your child previously in the state foster care system? YES NO What agency was used? _____

Number of persons attending seminar: _____

REGISTRATION FEES:

_____ # of Adults

_____ # of Children
(infants-11 years old)

_____ # of Teens
(12 years old & up)

Adoptive Families (one fee per household)

	Registration Fee	Registration Fee	Hotel Deposit
Adoptive Families (one fee per household)	\$45.00 (family of 5 or less)	\$65.00 (family of 6 or more)	\$35.00

Please make CHECK or money order made payable to: FAMILY MATTERS CONSULTING. The preferred form of payment is through our PayPal link. **Seminar registration fees are per immediate family. Extended family members (i.e., grandparents, adult siblings, friends will not be considered immediate family members.)** This seminar is ONLY for families who have adopted children from the foster care system. For faster registration please pay online with a credit card at www.ties-that-bind.org using our PayPal link.

HOTEL REGISTRATION INFORMATION: The group rate is **\$135.00** per room per night, which includes all local and state taxes, hot breakfast and the newly imposed State of GA hotel fee. Reservations must be made on this form or you will be charged more than the group rate assigned. **Hotel reservations and cancellations will be made through the seminar planning committee ONLY.** The hotel will **NOT** take individual reservations for this seminar!

Hotel reservations will be held by providing us with your credit card information to hold your room. If you do not have a credit card, a \$35.00 deposit by check or money order **made payable to Family Matters Consulting, Inc.** will also be accepted to hold your hotel reservation. Please complete the credit card information below if paying by credit OR use our Paypal link online. All hotel reservations are on a first come first serve basis. Upon Check-In, the hotel will require you to present a credit card or deposit to insure payment of any incidental room charges. King rooms have 1 king size bed and Double rooms have 2 queen beds.

Please be advised that there are a **limited number of adjoining rooms** at this hotel other than those that are adjoined as king to king size rooms. If we are not able to give you adjoining rooms then we will do our best to reserve rooms next door to one another. No rollaway beds are allowed in Double (2 Queen beds) rooms because it is a fire hazard. There are a limited number of rollaway beds available and the additional cost is \$25/day. All accessible rooms are King rooms and all rooms are non-smoking.

Friday Night: Number of rooms _____ Number of People per Room _____ Type of Rooms requested : King Double

Saturday Night: Number of rooms _____ Number of People per Room _____ Type of Rooms requested : King Double

Roll-Away Bed (only in King room) Request rooms next door (not adjoining) Accessible room requested (only King)
 Adjoining room needed (King to Double) Adjoining room needed (King to King) Suite (additional cost)

Payment Method: Check Money Order Credit Card (**check one**): VISA Master Card AMEX Discover

Credit Card Number: _____ Expiration Date: _____ / _____ Security Code: _____

If you are planning to reserve your hotel with a credit card **DO NOT put your credit card number on this form and email it back.** Please go to our website and use our PayPal link to pay using your credit card. You do NOT have to have a PayPal account to do this. Or print another copy of this form, complete the credit card information, and then mail with your registration fee or fax 770-818-5815.

Name On Card: _____ Signature: _____ Date: ____/____/____

Once your seminar registration has been confirmed we will finalize your hotel reservations.



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WORKSHOP SELECTIONS: Please write the workshop number for each workshop selected (e.g. 1A, 1B, 1C, 1D, 1E for Session 1; 2A, 2B, 2C, 2D, 2E for Session 2; 3A, 3B, 3C, 3D, 3E for Session 3, etc.) Please list 1st, 2nd, & 3rd choices.

	First Name	Last Name
Adult #1		

	Session 1	Session 2	Session 3	Session 4
1st Choice				
2nd Choice				
3rd Choice				

	First Name	Last Name
Adult #2		

	Session 1	Session 2	Session 3	Session 4
1st Choice				
2nd Choice				
3rd Choice				

EVENT SELECTIONS: Please check each event that you and your family plan to participate in.

- Friday Evening Entertainment: Number attending ____ adults ____ teens ____ children
- Saturday Night Family Dinner & Family Night Celebration: Number attending ____ adults ____ teens ____ children
- Sunday Closing Parent Luncheon (adults) Number of adults attending: ____
- Teen Seminar Number of teens 12 & 13 participating: ____ Number of teens 14 & up participating: ____
- Children's Program Number of children participating: ____

Staying at the hotel? YES NO Friday night: YES NO Saturday night : YES NO

Special Requests (ADA requirements please email us with your requests to registration@Ties-that-bind.org):

Once this form is completed **SAVE THIS FILE AND THEN SEND IT AS AN ATTACHMENT VIA EMAIL.**

(DO NOT CLICK THE "SUBMIT BUTTON "AT THE TOP OF PAGE)

EMAIL ALL FORMS TO: REGISTRATION@TIES-THAT-BIND.ORG

OR FAX FORMS TO 770-818-5815

OR MAIL REGISTRATION FORM & FEES TO:

FAMILY MATTERS CONSULTING, INC

320 Towns Center Ave, Suite C-11, PMB 121

Suwanee, GA 30024

**FOR SECURITY PURPOSES DO NOT EMAIL THIS FORM WITH YOUR CREDIT CARD INFORMATION LISTED.
INSTEAD PRINT THIS FORM OUT, COMPLETE AND THEN MAIL TO ADDRESS ABOVE OR FAX IT TO 770-818-5815. IF YOU EMAIL OR
FAX YOUR FORMS YOU MAY PAY ONLINE WITH A CREDIT CARD AT WWW.TIES-THAT-BIND.ORG USING OUR PAYPAL LINK.**