



# 2011 Adoptive Family & Youth Training Seminar

## May 13—15, 2011



DOLCE ATLANTA—PEACHTREE HOTEL

### REGISTRATION FORM

Registration Deadline: Thursday, April 13, 2011

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: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Number of persons attending seminar: \_\_\_\_\_

_____	_____	_____
# of Adults	# of Children (infants-11 years old)	# of Teens (12 years old & up)

**REGISTRATION FEES:** Please make CHECK or money order made payable to: FAMILY MATTERS CONSULTING. Seminar registration fees are \$40 per family. For faster service register Online using your credit card at [www.ties-that-bind.org](http://www.ties-that-bind.org).

Registration Fee	Hotel Deposit
Adoptive Families (one fee per household of 6 or less)	
\$40.00	\$35.00

**HOTEL REGISTRATION INFORMATION:**

The group rate is **\$103.00** per room per night, which includes tax. 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.** 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 register 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.

Number of Nights \_\_\_\_\_ Number of rooms \_\_\_\_\_ Number of People per Room \_\_\_\_\_ Number of Beds per room \_\_\_\_\_

Smoking    Non-Smoking    Roll-Away Bed(s) needed.    Number of Roll Away Beds: \_\_\_\_\_

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. Leave this blank and then email your form with all of the other information. To secure your hotel reservation print another copy of this form, complete the credit card information, and then mail with your registration fee or fax 770-818-5815. Or you may register online using your credit card via our Paypal link.*

Name On Card: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Once your seminar registration has been confirmed we will finalize your hotel reservations. The hotel will NOT take individual reservations for this seminar!

**All hotel reservations and cancellations will be made through the seminar planning committee.**



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**WORKSHOP SELECTIONS:** Please write the workshop number for each workshop selected (e.g. 1A, 2D, 3B, 4A, 5C)

	First Name	Last Name
<b>Adult #1</b>		

	Session 1	Session 2	Session 3	Session 4	Session 5
<b>1st Choice</b>					
<b>2nd Choice</b>					
<b>3rd Choice</b>					

	First Name	Last Name
<b>Adult #2</b>		

	Session 1	Session 2	Session 3	Session 4	Session 5
<b>1st Choice</b>					
<b>2nd Choice</b>					
<b>3rd Choice</b>					

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

Friday Evening Entertainment      Number attending   
 Saturday Night Family Dinner & Family Night Celebration      Number attending   
 Sunday Closing Luncheon (adults)      Number of adults attending:   
 Teen Seminar     yes     no      Number of teens participating:   
 Children's Program     yes     no      Number of children participating:   
 Staying at the hotel     yes     no

**Special Requests** (ADA requirements please use back of page if necessary):

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REGISTER ONLINE AT [WWW.TIES-THAT-BIND.ORG](http://WWW.TIES-THAT-BIND.ORG) OR MAIL REGISTRATION FORM & FEES TO:  
 FAMILY MATTERS CONSULTING, INC  
 PMB 121, 400 PEACHTREE INDUSTRIAL BLVD., SUITE 5  
 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 770-965-9337. OR YOU MAY REGISTER ONLINE AT [WWW.TIES-THAT-BIND.ORG](http://WWW.TIES-THAT-BIND.ORG) USING OUR PAYPAL LINK.**