

PLEASE USE SEPARATE FORM FOR EACH PERSON REGISTERING

Name: _____ Phone: (____) _____

Address: _____ City: _____ Zip _____

County _____ Region _____ Email: _____

PLEASE SELECT ONE

Adoptive Parent: _____ Foster Parent: _____ DFCS Staff: _____ Private Agency: _____ Other: _____

WORKSHOP SELECTIONS

FRIDAY WORKSHOP SESSION A

Selection 1: _____ Selection 2: _____

FRIDAY WORKSHOP SESSION B

Selection 1: _____ Selection 2: _____

SATURDAY WORKSHOP SESSION C

Selection 1: _____ Selection 2: _____

SATURDAY WORKSHOP SESSION D

Selection 1: _____ Selection 2: _____

SUNDAY WORKSHOP SESSION (E)

Selection 1: _____ Selection 2: _____

ALL PARTICIPANTS MUST ATTEND THE OPENING SESSION, ALL GENERAL SESSIONS, AND THE AWARDS LUNCHEON.

Registration Fee: \$125.00 per participant: Only checks and money orders will be accepted
Registration cut-off date is February 1, 2018

Onsite registration fee: \$175.00 No personal checks will be accepted.
Extra Awards Luncheon tickets are \$35.00
All returned checks will be charged \$45.00.

NO REFUNDS WILL BE GIVEN AFTER FEB. 1, 2018.

Make Checks Payable to: AFPAG Conference

Mail Check to: AFPAG Conference 101 Windsor Road, Savannah, Ga. 31419