



**CLASS INFORMATION:**

Class title \_\_\_\_\_

Start date \_\_\_\_\_

Amount enclosed \_\_\_\_\_

**ATTENDEE INFO:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, ST ZIP \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**OPTIONAL:** (check all that apply)

**Your Role:**

- Prospective adoptive parent
- Waiting adoptive parent
- Adoptive parent
- Adopted person
- Birth parent
- Adoption professional
- Other: \_\_\_\_\_

**Type of Adoption:**

- International
- Country \_\_\_\_\_
- Domestic
- Transracial
- Open
- Other \_\_\_\_\_

Agency name: \_\_\_\_\_

**How did you hear about Adoption Mosaic?**

- Mailing list
- Website
- Agency referral: \_\_\_\_\_

- Family/friend
- Other \_\_\_\_\_
- Adoption professional: \_\_\_\_\_

**Other information you'd like us to know:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FOR OFFICE USE ONLY

|                   |                     |
|-------------------|---------------------|
| Received \$ _____ | Payment Type: _____ |
| Receipt _____     | Database: _____     |
|                   | List serve: _____   |