



**CLASS INFORMATION:**

Class title: \_\_\_\_\_  
Start date: \_\_\_\_\_ Amount enclosed: \_\_\_\_\_  
Where did you hear about this class: \_\_\_\_\_

**ATTENDEE INFO:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, ST ZIP \_\_\_\_\_  
Phone/Cell: \_\_\_\_\_  
Email: \_\_\_\_\_  
Age of child: \_\_\_\_\_

**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: _____

Cancellation Policy: 14 days prior to the event, full refund. 7-13 days, transfer funds to another workshop. 3 days or less no refunds are given.

Send your completed form and payment to:  
Adoption Mosaic • PO Box 18102 • Portland OR 97218