

2017 American Adoption Congress 38th International Conference

A March to Change: Healing Through Action

Atlanta, GA

Early* registration will run from November 11, 2016 to February 15, 2017. Regular* registration will run from February 16, 2017 through the Conference. On-Site* registration begins at 12.00 pm on April 5, 2017 at the Grand Staircase. ALL Refunds are subject to a \$75 processing fee, and written notification must be postmarked no later than March 1, 2017. Refunds will only be made for serious medical emergencies and all refunds will be processed after the conference.

All FULL Conference registrations includes all conference related events: keynotes, workshops and evening performances. Food and beverages included are:

- Welcome Reception (Wednesday)
- Continental Breakfast (Thursday - Saturday)
- Regional lunch (Box Lunch)
- Awards Dinner and Reception (Friday -Included with Saturday's 1 day Registration)
- Coffee Breaks

Conference Registrar

Go to www.americanadoptioncongress.org to register online, or mail / fax / email completed registrations to:

Susan Friel-Williams, 2215 SE 3rd St. Cape Coral, FL 33990-1424, or fax completed registrations to: 1-866-686-7687 (F) or email completed registrations to aaceventregistrar@gmail.com

***TO GET A MEMBER RATE, MEMBERSHIP MUST BE PAID THROUGH APRIL 2017**

Registration Rates – **Membership Prices are Lower than Non-Member**

	Member	Member	Non-Mem	Non-Mem
	Early*	Regular*	Early*	Regular*
Full Conference	340	390	400	440
Senior	330	370	390	430
1 Day	195	250	250	300
1 Day – Senior	185	240	240	290

To Become an AAC Member or Renew Membership

Types of Membership	Yearly Membership Cost
Individual	\$50.00
Senior, Student, Veteran, Disabled	\$40.00
Professional, Household, Support Group	\$60.00
Adoption Agency, Organizations	\$135.00

Hotel Information for Registering - [Grand Hyatt Atlanta in Buckhead](#)

Questions? - Contact Cynthia McGuigan at aaconferencechair@gmail.com

Registration Form:

Name: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____

Home Telephone: _____ Cell Phone: _____

Email: _____ **(REQ)**

Organization / Position _____

Please Check ALL that Apply:

<input type="checkbox"/>	Adoptee	<input type="checkbox"/>	Foster Family
<input type="checkbox"/>	First/Birth Parent	<input type="checkbox"/>	Foster Family Member
<input type="checkbox"/>	Birth Relative	<input type="checkbox"/>	Extended Foster Family
<input type="checkbox"/>	Adoptive Parent	<input type="checkbox"/>	Professional
<input type="checkbox"/>	Adoptive Relative	<input type="checkbox"/>	Organization
<input type="checkbox"/>	Extended Adoptive family	<input type="checkbox"/>	Support Group
<input type="checkbox"/>	Significant Other	<input type="checkbox"/>	Social Worker
<input type="checkbox"/>	Donor Conceived	<input type="checkbox"/>	Late Discovery Adoptee

If Other, please state here

Guest Tickets ONLY – All registrants have access. These are tickets for their guests

Item	Cost per Ticket	Number of tickets	Cost
Films	\$15.00		
Play/Presentation	\$25.00		
Awards Lunch & Reception	\$115.00		

NASW CEU's (Fill in amount below)

_____ Full Conference (\$60.00) (put 1 for full conference)

_____ Per Day (\$35.00) (put 1 for 1 day)

Donation to AAC - Please designate the fund you would like your donation on Page 5 to go to

AAC General Fund

AAC Legislative Fund

AAC Scholarship Fund

General Questions

Is this your first AAC Conference? Yes No ***REQUIRED FIELD**

If this is your first Conference – Would you like a Mentor? Yes No

If this is NOT your first conference – Would you Mentor a NEW attendee? Yes No

Support Group Attendance * REQUIRED FIELD

Name of Group		Name of Group	
<input type="checkbox"/>	None	<input type="checkbox"/>	Donor Conceived
<input type="checkbox"/>	Triad (Open to all)	<input type="checkbox"/>	LDA (Late Discovery Adoptee)
<input type="checkbox"/>	First / Birth Parent	<input type="checkbox"/>	Professionals
<input type="checkbox"/>	Adoptive Parent	<input type="checkbox"/>	Foster Parent
<input type="checkbox"/>	Female Adoptee	<input type="checkbox"/>	LGBTQ
<input type="checkbox"/>	Male Adoptee	<input type="checkbox"/>	

Special Dietary restrictions

<input type="checkbox"/>	Lactose Intolerant
<input type="checkbox"/>	Gluten Free
<input type="checkbox"/>	Vegetarian
<input type="checkbox"/>	Vegan
<input type="checkbox"/>	Diabetic
<input type="checkbox"/>	Other: Please State
<input type="checkbox"/>	ALLERGIES
<input type="checkbox"/>	Shellfish
<input type="checkbox"/>	Nuts or Oils with Nut Bases

Any Other:

Room-Mate

Would you like a room-mate __ Y __ N

If you have a room-mate already, please give us their name_____

Name if you would like it to appear different from above for your badge

Type of Brochure wanted *Required

_____ Online

_____ Printed

How did you hear about the Conference?

	Social Media		Advertisement
	At an Event Name:		Website Site:
	Another Person Name:		AAC Member Name:
	Other		

Registration Page

Item	Cost*
Join or Renew AAC Membership (listed Page 1)*	
Full Conference (See Early and Regular rates above) *	
1 Day (See Early & Regular rates above) *	
SUB TOTAL #1 (Add Total for Registration and Total – Other Items)	
Total for Registration	
Other Items	
Guest Ticket – Films - \$15.00 ea. (other than registrant)	
Guest Ticket – Play/Performance - \$25.00 (other than registrant)	
Guest Ticket – Awards Luncheon and Reception \$115.00 (other than registrant)	
NASW CEU's (Full Conference) - \$60.00	
NASW CEU's (Per Day) - \$35.00	
Donation to AAC**	
Total – Other Items	
SUB TOTAL #2 (Add Total for Registration and Total – Other Items)	
For Presenter Discount	
Presenter Deposit Paid (-\$75.00) <i>Deduct from Total</i>	
Presenter Deposit NOT PAID (\$75.00) <i>Add to Total</i>	
Presenter Discount (\$75.00)	
Presenter Discount – One Day (\$25.00)	
SUB TOTAL #3 (Add Presenter Discount Paid and Presenter Discount)	
TOTAL for Registration – Add Total for Registration, Total – Other Items and Sub4 Total #3	

___ If paying by check (Check Number) _____

Paying by Visa, Master Card, Discover or American Express

CC # _____ Expiration Date MM/YY _____ CVM# _____

<p>*Dependent on rates within table on first page</p>	<p>** State where your Donation to go</p> <p>___ General Fund</p> <p>___ Legislative Fund</p> <p>___ Scholarship Fund</p>
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