

2012 LFAPA Conference Registration Form

Name _____
 Address _____ City/zip _____
 Phone (____) _____ Email address _____

(Preferred roommate - paid lodging requires double occupancy)

Class Selections: _____

Please enter class selection by letter

Please check all that apply:
 DCFS: _____ Staff _____ Foster/Adoptive Parent
 Private Agency: _____ Staff _____ Private Foster/Adoptive Parent
 Other: *(specify)* _____

Conference fees:
 DCFS Foster/Adoptive Parent \$65 ea. *(Includes family membership)* \$ _____
 Non-member/full price \$95 \$ _____
 Professional/Other registration
 Complete conference fee \$100 \$ _____
 One day fee \$65 \$ _____
 Social Work Student \$50 \$ _____
 Extra meal tickets \$20 \$ _____
(Each person must have a ticket, even children)

Total amount enclosed \$ _____

Make checks payable to 2012 LFAPA Conference

Mail to: Maple Martin
 P O Box 515
 Plain Dealing LA 71064

Reserve your room at the Embassy before January 21, 2012 or contact Maple Martin at 318-326-4731 for room assignment.

Registered at Conference Hotel? _____
 Hotel confirmation Number _____

The conference is sponsored by *DCFS* and the *Louisiana Children's Trust Fund* awarded a grant to LFAPA to defray lodging expenses for DCFS Foster/Adoptive parents. Their lodging will be direct billed to LFAPA.

Reimbursement for conference expenses: The registration fee includes all meals listed at no additional cost. Extra tickets can be purchased. *No mileage will be reimbursed.*