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## ADOPTION ETHICS AND ACCOUNTABILITY CONFERENCE

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~PLEASE COMPLETE A SEPARATE FORM FOR EACH ATTENDEE~

Please print or type the information below as you would like it to appear on your name badge:

Name \_\_\_\_\_  
*First* *Last* *Title/Suffix*

Company \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_ Web/URL: \_\_\_\_\_

### Registration Options:

Complete Registration (2 days) \$275 Early Registration Discount (pay by August 15, 2007)  
\$325 (August 16, 2007 – October 8, 2007)

Complete Registration includes:

General Session and Workshops on Day 1 and Day 2  
Hot Continental Breakfast and Breaks on Day 1 and Day 2  
Evening Reception – Day 1  
Lunch with Keynote Presentation – Day 2  
Conference Bag and Speaker Materials on CD

1 Day Registration Only \$137 by August 15 or \$162 thereafter

Please Choose Date:

\_\_\_ Monday, October 15, 2007 (lunch not provided; evening reception included)

\_\_\_ Tuesday, October 16, 2007 (lunch with Keynote provided; no evening reception)

Total Due: \_\_\_\_\_

**Cancellation/Refund Policy:** Cancellations will be accepted in writing until September 15, 2007; all refunds will be issued within 30 days after the conference. After September 15, 2007, registrations are non-refundable. If you require special accommodations or have special dietary needs please advise us of your needs as soon as possible.

**Payment Options:**    \_\_\_ **Credit Card (complete form below)**    \_\_\_ **Check**

**Mail/fax this form to:**

Mari Cochran  
Evan B. Donaldson Adoption Institute  
56 Hartford Street  
Newton, MA 02461  
Fax: 775.796.6592  
Phone: 617.680.0808

**Make check payable to:**

The Evan B. Donaldson Adoption Institute  
For more information, contact Mari Cochran at  
Email: [mcochran@adoptioninstitute.org](mailto:mcochran@adoptioninstitute.org)  
Phone: 617.680.0808 or visit our website at  
[www.ethicsconference.net](http://www.ethicsconference.net)

**For credit card payments, see form attached.**

Card No: \_\_\_\_\_ Card Type: AmEx \_\_\_ Visa \_\_\_ MasterCard \_\_\_

Name on Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Address for Card: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

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

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**Washington, D.C. – October 15/16, 2007**

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