

# Adoption Preparation Seminar

Kelly Smith, LICSW

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

E-mail: \_\_\_\_\_

Home Study Agency: \_\_\_\_\_

Seminar date: \_\_\_\_\_

**Cost: \$125.00 per person**

Light refreshments will be served, with a break for a working lunch. Payment must be received in order to confirm your registration. Checks can be made out to Kelly Smith, LICSW. A confirmation card, along with directions, will be sent to you. If you have any further questions, please contact Kelly at [kellylynsmith@comcast.net](mailto:kellylynsmith@comcast.net).

## Release of Information

I give permission for Kelly Smith, LICSW, to release information to the person or agency that is completing my/our home study. The information released will include attendance and participation information pertaining to the Adoption Preparation Seminar.

(signature)

(date)

(signature)

(date)