



CHILDREN'S AID  
SOCIETY

**Children's Aid Society**  
**Alabama Pre/Post Adoption Connections**

**Office Use Only:**

- ☐ Check      Check #: \_\_\_\_\_  
☐ Credit/Debit Card  
☐ Cash  
☐ No CEU Payment Needed

**Conference Registration-Helping Families Heal with Heather Forbes**

|   |   |                   |                |  |   |  |                                  |                                       |  |                                |                              |
|---|---|-------------------|----------------|--|---|--|----------------------------------|---------------------------------------|--|--------------------------------|------------------------------|
| <b>Date:</b>  | <b>Location: (Please Circle)</b> <b>Birmingham</b> <b>Montgomery</b>  |                   |                |  |   |  |                                  |                                       |  |                                |                              |
| <b>First Name:</b>  |   | <b>Last Name:</b> |                |  |   |  |                                  |                                       |  |                                |                              |
| <b>Mailing Address:</b>   |   |                   |                |  |   |  |                                  |                                       |  |                                |                              |
| <b>City:</b>  | <b>State:</b>   | <b>Zip:</b>       | <b>County:</b> |  |   |  |                                  |                                       |  |                                |                              |
| <b>Phone:</b>   | <b>*Email:</b><br>(No "@alacourt.gov" emails please. They always get blocked)                                   |                   |                |  |   |  |                                  |                                       |  |                                |                              |
| <b>Employer:</b><br><input type="checkbox"/> State DHR<br><input type="checkbox"/> County DHR<br><input type="checkbox"/> Private Agency<br><input type="checkbox"/> Self<br><input type="checkbox"/> Other   | <b>Name of Agency/Organization:</b><br><br><b>County of Employment if<br/>Different than residence</b><br>_____ | <b>Job Title:</b> |                |  |   |  |                                  |                                       |  |                                |                              |
| <b>Please check all that apply:</b><br><input type="checkbox"/> I am a Social Worker<br><input type="checkbox"/> I am a Counselor (NBCC Only)<br><input type="checkbox"/> I am an Adoptive Parent<br><input type="checkbox"/> I am a Foster Parent<br><input type="checkbox"/> I am in another professional field.  |   |                   |                |  |   |  |                                  |                                       |  |                                |                              |
| <b>CEU Needs:</b><br><input type="checkbox"/> Counseling (\$60)<br><input type="checkbox"/> Counseling (DHR or CAS Employee – no charge)<br><input type="checkbox"/> Social Work (\$60)<br><input type="checkbox"/> Social Work (DHR or CAS Employee – no charge)<br><input type="checkbox"/> Foster/Adoptive Parent (General Certificate-No charge)<br><input type="checkbox"/> Other Professional (General Certificate-No charge)<br><input type="checkbox"/> No CEU's Needed (No charge)   |   |                   |                |  |   |  |                                  |                                       |  |                                |                              |
| <b>Service Professional Type (mark all that apply):</b><br><table border="0"><tr><td><input type="checkbox"/> Social Worker</td><td><input type="checkbox"/> Juvenile Probation Officer</td></tr><tr><td><input type="checkbox"/> Counselor (NBCC Only)</td><td><input type="checkbox"/> Teacher</td></tr><tr><td><input type="checkbox"/> Psychologist</td><td><input type="checkbox"/> Other Professional (please specify) _____</td></tr><tr><td><input type="checkbox"/> Nurse</td><td><input type="checkbox"/> N/A</td></tr></table> |   |                   |                | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Juvenile Probation Officer | <input type="checkbox"/> Counselor (NBCC Only) | <input type="checkbox"/> Teacher | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Other Professional (please specify) _____ | <input type="checkbox"/> Nurse | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Social Worker  | <input type="checkbox"/> Juvenile Probation Officer   |                   |                |  |   |  |                                  |                                       |  |                                |                              |
| <input type="checkbox"/> Counselor (NBCC Only)  | <input type="checkbox"/> Teacher  |                   |                |  |   |  |                                  |                                       |  |                                |                              |
| <input type="checkbox"/> Psychologist   | <input type="checkbox"/> Other Professional (please specify) _____  |                   |                |  |   |  |                                  |                                       |  |                                |                              |
| <input type="checkbox"/> Nurse  | <input type="checkbox"/> N/A  |                   |                |  |   |  |                                  |                                       |  |                                |                              |

**Email Communication**

- ☐ Yes! I would like to receive information about upcoming training opportunities, e.g., conferences, webinars, and Trained Therapist Network events.
- ☐ I would prefer to only receive email correspondence related to this event. (Note: this applies to new participants only)

*The following information is collected by our funders. Your personal information will be transmitted only to pertinent staff and will not be shared with anyone outside Children's Aid Society unless required by law or if it is necessary for completing an authorized operation.*

**Date of Birth** (Month/Day/Year): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Sex:**

- ☐ Male      ☐ Female

**Race:**

- ☐ White/Caucasian    ☐ Black/African-American    ☐ Asian/Pacific Islander    ☐ Native American
- ☐ Biracial/Multiracial    ☐ Other

**Ethnicity:**

- ☐ Hispanic    ☐ Non-Hispanic

*APAC is a collaborative effort between Children's Aid Society and the Department of Human Resources to provide education and support to Alabama's adoptive families.*