



Please type or print clearly!

REGISTRANT INFORMATION

Name (last, first) _____
 Affiliation _____
 Parenting Partner (if attending) _____
 Address _____
 Office Address _____
 Home Phone _____ Office Phone _____
 E-mail _____
 Fax _____

I am (check all that apply) adoptive parent foster parent adoptee
 birth parent prospective resource parent private agency worker
 ldss worker clergy recruiter child welfare administrator
 other _____

This is my first VACOC conferences: yes no

REGISTRATION FEES & HOTEL INFORMATION

FULL REGISTRATION
Individual \$125
 Parent Couple \$225
 Social work student \$40 (NO MEALS)

gala only \$50

After October 22 and Onsite
Individual \$140
 Parent Couple \$240

Conference Hotel Information
 Hotel charges are not included in the registration fee.
 Hotel Reservations must be made separately by
 October 11. A special conference rate
 of \$92 will apply for all participants.

FOR RESERVATIONS CALL
SHERATON PARK SOUTH HOTEL
 9901 MIDLOTHIAN TURNPIKE
 RICHMOND, VA 23235
 1-800-325-3535

Match Reception

Thursday, November 4, 2010- 6:30PM - 8:30PM, Sheraton Hotel

Participate in this dynamic and engaging match event. Agencies, both public and private, are invited to bring pictures, summaries, flyers, videos, and cd's of waiting children and waiting families. Agencies will be provided a table to share information and at least two chairs. Families are invited to meet social workers, and get information on children. Network, converse, and let's connect children with families.

Register me for this Match Reception. (No Fees)

PRE-CONFERENCE INSTITUTE

FOR LDSS WORKERS AND ADOPTION CONTRACTORS ONLY!!

Learn how to replicate Extreme Recruitment.
 An intensive 12-20 week recruitment effort
 for youth in foster care. Participants will
 develop a recruitment plan for up to three
 Virginia children.

- Register me for this session on Thursday, Nov. 4, 1:30PM -5PM
- Register me for the Institute/Conference Package (excludes banquet). I am a LDSS worker.

Holiday Inn Koger Center
 1021 Koger Center Blvd- Richmond, VA 23235

AMOUNT DUE & PAYMENT

Registration (fees above) _____
 Total amount due: _____

Method of Payment

- check money order purchase order
- PayPal (www.vaonechurchonechild.org)
 - MasterCard VISA

OFFICE USE ONLY

Date Rec'd _____ Check No. _____
 Amt. Paid _____ Date of Entry _____
 Amt. Due _____ Entered By _____

Return this form with your payment to:
 Make check or money order payable to: Virginia One Church, One Child, Inc.
 P.O. Box 25443 Richmond, Virginia 23260
 Call 804-329-3420 Fax 804-329-3906