

Scholarship Form
2009 Adoption Conference Registration Form
Saturday May 16, 2009

Name _____ Name/ Partner _____

Address: _____ City/State/Zip: _____

Telephone: _____ Email: _____

* Signatures of Registrants: _____

Scholarships limited to 2	\$0 per person	x
	Total	\$

- * By completing and signing the above registration. The registrant acknowledges that they have read and understand all the terms and conditions listed below.
- Scholarships are limited to two persons of the same couple living in/at the same address or one single and a blood relative living at another address.
- The registrant contends that they are not able to volunteer on the day of the conference in exchange for their conference registration, and it would constitute a hardship to pay for a full registration.
- Scholarship registrants are not eligible to any form of refund for non-attendance. Nor are they eligible for door prizes of any kind.
- RESOLVE invites a limited number of scholarship registrants to attend the conference free of charge. This form must be post marked by **Monday May 11, 2009** to be valid.

Mail form to:

**Kristi Smemoe
Adoption Conference Registration Chair
5411 Strasbourg Ave
Irvine, CA 92604**

949.419.6084