



2009 SUMMER EDUCATIONAL PRESENTATIONS

APRIL 2009

STRAIGHT FROM THE SOURCE-April 28
6:30-8:30 pm
Join us as we hear directly from a panel of adult and teenage adoptees. Learn from their experiences as we hear about adoption from this unique perspective of the adoption triad.



JUNE 2009

TRANSRACIAL ADOPTION- June 23 6:30-8:30 pm
Did you ever consider what race and culture have to do with raising a child?
Do you know where you could find cultural resources?
Have you taken the chance to figure out how you'll identify and address insensitivity and racism?
Well, Here's Your Opportunity!



MAY 2009

ATTACHMENT— May 19 6:30-8:30 pm
Do you know how the attachment cycle works?
Can you identify the triggers and symptoms of attachment difficulties?
Are you looking for suggestions on how to promote attachment?
Well, Look No Further!



JULY 2009

OPENNESS IN ADOPTION—July 21 6:30-8:30
Marlene Baker, birth parent counselor with over 11 years of experience, will share her wisdom about the rewards and challenges associated with openness in adoption. A panel of adoptive parents who have fully open adoption relationships with the birth parents of their children will also provide insight and expertise. Bring your questions!



DETAILS...DETAILS...DETAILS!!!

LOCATION: Bethany Christian Services office in Plymouth, Minnesota
3025 Harbor Lane N. Suite #316

COST per presentation: \$20 per person OR \$30 per couple (includes take home materials)

REGISTRATION/CANCELLATION POLICY: Registration with payment is required 10 days prior to the scheduled presentation date. Presentations will be cancelled if fewer than 6 persons are registered to attend. If a session is cancelled, fees will be refunded. In the event of a cancellation, registrants will be contacted by telephone. If a registrant cancels less than 10 days prior to the presentation, those fees will not be refunded.

SPACE: Space is still limited. Register early!

PRESENTERS: Bethany Christian Services Adoption Staff

CHILD CARE: Sorry, none available. Sessions are not appropriate for attendance by children.

CLIP AND RETURN

REGISTRATION

Family Name _____

Telephone _____

Session Attendance:

attending Name of Participants

attending Name of Participants

_____ April 28 _____

_____ June 23 _____

_____ May 26 _____

_____ July 21 _____

PLEASE MAIL WITH PAYMENT BY DEADLINE (ATTN: JADE) (See above for registration policy)