

FAX:

To: TINA SUMMERS

From: _____

Fax: 1-250-391-0002

Pages: 2 including cover page

Phone: 1-250-391-0007 extension: 226

Date: _____

Re: Completed AOL Registration Form

CC: _____

No.: _____ (confirmation of transmission if required)

Urgent For Review Please Comment Please Reply Please Recycle

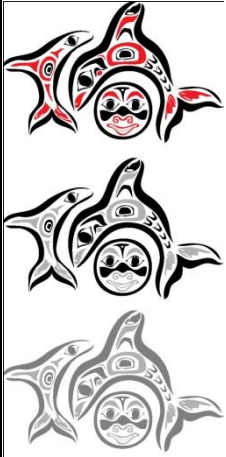
● Comments:

ATTENTION: TINA SUMMERS, Administrative Assistant for Training, CFNCS

Attached is a completed Adoption On-Line Training Program Referral Form.

Thank you,





Aboriginal Adoption On-Line Training Program

Referral Form

Session Date: _____

Please Print clearly and note that if you are registering for more than one person, please use a separate form for each person.

Name:

Address:

Postal Code:

Home Phone:

Daytime Phone:

**Email address
(use best contact address):**

MCFD Region:

<input type="checkbox"/> Fraser	<input type="checkbox"/> Vancouver Coastal
<input type="checkbox"/> Interior	<input type="checkbox"/> Vancouver Island
<input type="checkbox"/> North	

Please check off which one applies:

<input type="checkbox"/> Pre adoption	<input type="checkbox"/> Post adoption
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Name of Social Worker:

Phone:

Cell:

Email address:

