

**FAMILIES IN TRANSITION SEMINAR**

**REGISTRATION FORM**

FEE: \$30.00 (CASH OR A MONEY ORDER ONLY PAYABLE AT TIME OF SEMINAR)

TO REGISTER MAIL IN THIS COMPLETED FORM TO OUR OFFICE AT:

1216 WHISPERING PINES ROAD  
ALBANY, GEORGIA 31707

**OR** FAX THE FORM TO OUR OFFICE AT 229-435-1720

**OR** CALL OUR OFFICE AT 229-435-1729

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CIVIL ACTION FILE #: \_\_\_\_\_

COUNTY CASED FILE IN: \_\_\_\_\_

PLAINTIFF: \_\_\_\_\_

DEFENDANT: \_\_\_\_\_

DATE AND PLACE OF SEMINAR ATTENDING: \_\_\_\_\_

TIME OF SEMINAR: \_\_\_\_\_

**DO NOT LEAVE ANYTHING UNANSWERED.**

**IF BOTH PLAINTIFF AND DEFENDANT ARE ATTENDING PLEASE COMPLETE A SEPARATE FORM FOR EACH PERSON.**

**REMEMBER: IF YOU MAIL OR FAX THE FORM TO OUR OFFICE, YOU DO NOT NEED TO ALSO CALL.**

THANK YOU