



MARE Calendar of Events Form

Agencies are required to submit "Upcoming Events" for publication on the MARE website calendar and in the quarterly MARE newsletters (both professional and family-focused) at least once per quarter. Please use this form to identify upcoming trainings, orientations, support group meetings, or other pertinent events. Attach event flyers or brochures to provide more detailed information, if applicable. If you have any questions, please contact the MARE office at 800-589-6273.

Type of event: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Adoption orientation (general) | <input type="checkbox"/> Foster care orientation (general) |
| <input type="checkbox"/> PRIDE training (focus on adoption) | <input type="checkbox"/> PRIDE training (focus on foster care) |
| <input type="checkbox"/> Infant adoption orientation/training | <input type="checkbox"/> Workshop/training on foster care issues |
| <input type="checkbox"/> Adoption support group | <input type="checkbox"/> Foster care support group |
| <input type="checkbox"/> Workshop/training on adoption issues | <input type="checkbox"/> International adoption orientation/training |
| <input type="checkbox"/> Discussion group | <input type="checkbox"/> Play group |
| <input type="checkbox"/> Conference on adoptive/foster families | |
| <input type="checkbox"/> Conference on adoptive/foster issues (open to all families) | |
| <input type="checkbox"/> Community event for families (adoption/foster care specific) | |
| <input type="checkbox"/> Community event for families (open to all families/general public) | |

Date(s) of event: _____ **Time(s) of event:** _____

Location of event: _____

Brief description of event (i.e. topics covered, sessions presented, etc.): _____

Is event OPEN to the public or RESTRICTED to specific families (i.e. family must live in certain county, only open to families currently working with the agency, etc.): _____

Registration required? No Yes: Onsite In Advance

Cost? No Yes: \$: _____

Contact person for questions/registration _____

Phone number: _____ **Email address:** _____

Other pertinent information: _____

Form Completed By: _____

Agency: _____

Phone number: _____ **Email address:** _____

Please return this form to:

Michigan Adoption Resource Exchange (MARE)
3840 Packard Rd. Suite 170 Ann Arbor, MI 48108
Fax: (734) 794-2962