

TITLE:	What's my family got to do with it?
PRESENTED BY:	Michael Gilman, LICSW, ACSW
DATE(S):	6 CLASSES: 10/11, 10/18, 10/25, 11/1, 11/8, 11/15
LOCATION:	Optima 2 Church Street, Suite 4G Burlington, VT
REGISTER BY:	October 4, 2012
COST:	\$270 Per Person Some financial assistance/scholarships available. Please contact Michael Gilman prior to registering: michaelgilman@optimavt.org
TIMES:	6:30 - 8:00 pm
TO REGISTER:	BY MAIL: Michael Gilman 2 Church Street, Suite 4G Burlington VT 05401 ON LINE: www.optimavt.org CLICK ON: Register
INFORMATION:	michaelgilman@optimavt.org

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REGISTRATION BY: OCTOBER 4, 2012

\$270 per person

Name(s) _____

Agency Name _____

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Office _____

Email _____

TOTAL ENCLOSED \$ _____ (Make check payable to VCFS)