

# INFERTILITY & ADOPTION COUNSELING CENTER



## Workshop Series

### Making the Decision to Adopt

**Date: Thursday, October 7, 2010**

**Time: 7:00 p.m. – 9:00 p.m.**

**Place: IACCenter, 2 Tree Farm Road, Suite A200, Pennington N.J., 08534**

This workshop is for you if you are considering adoption after infertility, pregnancy loss, medical or genetic factors contraindicating pregnancy or as a single parent. Making this transition always involves both emotional and practical factors. The feelings, fears, fantasies and facts involved in making this transition will be addressed.

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**Speaker and Moderator, Joni S. Mantell, LCSW**, Director of the IAC Center and a psychotherapist with a specialty in infertility and adoption since 1993. She works with prospective adoptive parents, adoptive parents, adopted children, teens and adults and birthparents. This helps her to understand adoption from the perspective of both the child and the parent over the course of the life cycle.

**Panel of Two adoptive parents** will share their experiences with domestic and international adoption

You will learn why making the emotional decision to adopt is so difficult and how to get yourself unstuck in your family building journey. Topics will include but not be limited to:

- How to assess your readiness to pursue adoption.
- What do you do if you feel ready and your partner is reluctant?
- How to take those first steps toward building a family through adoption.
- How to begin thinking about adoption methods including domestic and international adoption and foster-to-adopt options

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Seating is limited. Pre-registration is required and should be completed at least one week prior to the event. Payment must be received in order to confirm your registration. Cancellations must be received at least three days prior to the event. For additional information call 609-737-8750 or email JMantellMSW@iaccenter.com. **Please return registration form and payment to: IAC Center, 2 Tree Farm Road, Suite A200, Pennington, NJ 08534**

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#### **Workshop Registration Form**

Name \_\_\_\_\_

Thursday, October 7, 2010

Address \_\_\_\_\_

\_\_\_ Individual     \$50

\_\_\_ Couple         \$75

Phone Number \_\_\_\_\_

Check for \$\_\_\_\_\_ is enclosed

Email \_\_\_\_\_

Please make check payable to: Infertility & Adoption Counseling Center