

# 2005 ANNUAL CONFERENCE *Housing & Registration Form*

**FAX** completed registration form with credit card information to 202/785-3926

Or **MAIL** the form with payment to:  
Council on Foundations Conferences  
P.O. Box 630422  
Baltimore, MD 21263-0422

Registration is also available **ONLINE** at [www.cof.org](http://www.cof.org)  
After March 4, 2005, please DO NOT register by mail; instead register online or fax your form with your credit card information.

## Information on the Foundation/Organization You Are Representing

Foundation/Organization Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip/Country \_\_\_\_\_  
Organization Main Phone \_\_\_\_\_ Organization Main Fax \_\_\_\_\_  
Year your foundation was established \_\_\_\_\_  
Your foundation's approximate yearly assets \_\_\_\_\_  
Your foundation's approximate yearly grant level \_\_\_\_\_  
Type of organization (family foundation, community foundation, regional association, etc.) \_\_\_\_\_  
\_\_\_\_\_

## Registrant's Personal Information

Full Name \_\_\_\_\_  
First Name/Nickname (for badge) \_\_\_\_\_  
Title \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Year you entered the philanthropic field \_\_\_\_\_ Years in current position \_\_\_\_\_  
 Check here if you are a first-time Annual Conference Attendee.

## Relationship to the Foundation Represented (Check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Board Member/Trustee             | <input type="checkbox"/> Member of the Donor's Family              |
| <input type="checkbox"/> CEO/Executive Director/President | <input type="checkbox"/> Community Foundation Donor Services Staff |
| <input type="checkbox"/> Administrative Staff             | <input type="checkbox"/> Community Foundation Development Staff    |
| <input type="checkbox"/> Financial Staff                  | <input type="checkbox"/> Other _____                               |
| <input type="checkbox"/> Program Staff                    |  |

## Additional Information

- Check here if you **do not wish to** receive information from exhibitors & sponsors before the conference.
- Check here if you **do not wish to** receive information from grantmaker service organizations (e.g., regional associations) before the conference.

## Registrant's Mailing Address for Conference Information (If different from above)

Address \_\_\_\_\_  
City/State/Zip/Country \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

## Special Needs

Please list any physical limitations requiring the Council's attention.  
\_\_\_\_\_

If you have a special dietary need, please check one:  Vegetarian  Kosher  Diabetic  Non-Dairy

*Continued on Next Page*

## Registration

Check the appropriate box(es) and enter the cost in the column on the right. Total all fees at the end. All fees are in U.S. dollars.

CONFERENCE	Postmarked by 3/4	Postmarked After 3/4	Total
<input type="checkbox"/> Full Conference Member	\$775	\$925	
<input type="checkbox"/> Full Conference Non-Member	\$1,075	\$1,225	
<input type="checkbox"/> Spouse Registration <i>(Please complete spouse information below)</i>	\$455	\$545	
<input type="checkbox"/> Full Conference Multiple Registration Discount*	\$675	N/A	
PARTIAL CONFERENCE	Member	Non-Member	
<input type="checkbox"/> Sunday	\$350	\$525	
<input type="checkbox"/> Monday	\$375	\$575	
<input type="checkbox"/> Tuesday	\$350	\$525	
OPTIONAL EVENTS	Cost		
<input type="checkbox"/> Foundation CEO/Board Members Reception & Dinner (BTDIN)	\$75		
<input type="checkbox"/> International Reception & Dinner (INTDIN)	\$75		
<input type="checkbox"/> Transnational Migration Issues along the U.S. –Mexican Border (S2A)	\$75		
<input type="checkbox"/> Tijuana Cultural Tour and Evening Event (S1A)	\$60		
<input type="checkbox"/> Henry Hampton Awards Dinner (HHDIN)	\$45		
<input type="checkbox"/> CEO Summit–Off the Record (S3A)	No Charge		
<input type="checkbox"/> Opening Session for Corporate Grantmakers (OSCG)	No Charge		
Special non-member rate for new foundations — contact membership department at membership.cof.org. Special philanthropic advisors registration — contact PAN at pan@cof.org for details			
<b>TOTAL FEES DUE:</b>			

\*Three people from a member organization must first pay the full conference fee.

## Housing Reservation and Payment

You can reserve your hotel room with this form if postmarked by March 4. Please check your confirmation closely. After March 4, you must call the hotel directly to make your reservation. See page 27 for more details.

### San Diego Marriot Hotel & Marina

Booked from Dec. 17, 2004 – Mar. 4, 2005:

Single: \$227.00 +tax

Double: \$247.00 +tax

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

Room Type:  Single  Double  
 Requests:  Smoking  Non-smoking  One bed  
 Two beds  Handicapped room

Name of roommate(s) \_\_\_\_\_

**A credit card deposit is required to reserve your room.**

American Express  MasterCard  Visa

Name on Card \_\_\_\_\_

Account Number \_\_\_\_\_ Exp.Date \_\_\_\_\_

Signature of Card holder \_\_\_\_\_

ACA1234567

## Registration Payment

Registrations will not be processed without payment. Only credit card payments can be faxed.

- Check enclosed (made payable to the Council on Foundations in U.S. funds only)  
 Use the same credit used for housing payment.  Use another credit card  
 American Express  MasterCard  Visa

Name on Card \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp.Date \_\_\_\_\_

I authorize the Council on Foundations to charge my credit card for the conference fees as indicated above. If I have miscalculated the conference fees, I authorize the Council on Foundations to make the necessary adjustments and to charge my credit card accordingly.

Signature of Card holder \_\_\_\_\_

## Spouse Information for Name Badge *(if registering)*

Full Name \_\_\_\_\_

First Name/Nickname (for badge) \_\_\_\_\_

**Register today!**  
[www.cof.org](http://www.cof.org)