

Council on Foundations

19th Fall Conference for Community Foundations Registration and Housing 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. After October 3, 2003, please DO NOT register by mail; instead register online or fax your form with your credit card information.

1. Information on the foundation/organization you are representing

Foundation/Org. Name: _____

Address: _____

City: _____

State: _____ Zip: _____ Country: _____

Organization's Main Phone: _____ Organization's Main Fax: _____

What year was your foundation established? _____

Indicate your foundation's approximate assets: _____ yearly grants: _____

What type of organization are you representing (community foundation, private/independent foundation, Regional Association of Grantmakers, etc.)? _____

2. Registrant's personal information

Full Name: _____ First Name/Nickname (for badge): _____

Title: _____

E-Mail address (confirmations will be e-mailed): _____

What year did you enter the philanthropic field? _____

3. Registrant's relationship to the foundation represented (check all that apply)

- CEO/Executive Director/President Administrative Staff Financial Staff Program Staff
 Board Member/Trustee Donor Services Staff Development Staff Communications Staff
 Other: _____

4. Registrant's mailing address for conference information (if different from organization address above)

Address: _____

City: _____

State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____

5. Special Needs

Please list any physical limitations you might have: _____

If you have a special dietary need, please check one: _____Vegetarian _____Kosher _____Diabetic _____Non-Dairy

6. Additional Information

- Check here if you do not want the Council to release your address to exhibitors and sponsors before the conference.
 Check here if you do not want the Council to release your address to grantmaker service organizations (e.g., affinity groups, regional associations) before the conference.
 Check here if you are a first-time attendee of the Council's Fall Conference for Community Foundations.

7. 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.

	Received by 8/15	Received 8/16–10/10	Received after 10/10	Total
CONFERENCE				
<input type="checkbox"/> Full Conference—Member	\$ 650	\$ 700	\$ 800	
<input type="checkbox"/> Full Conference—Non-Member	1,300	1,350	1,450	
<input type="checkbox"/> Spouse Registration (complete #9 below)	375	425	525	
<input type="checkbox"/> Full Conference—Multiple Registration Discount*	550	600	N/A	
<input type="checkbox"/> Full Conference Special Fee**	550	600	N/A	
<input type="checkbox"/> Board Member Package***	260	285	310	
PARTIAL CONFERENCE				
<input type="checkbox"/> Monday	<input type="checkbox"/> Member \$310	<input type="checkbox"/> Non-Member \$490	<input type="checkbox"/> Spouse \$175	
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Member \$285	<input type="checkbox"/> Non-Member \$465	<input type="checkbox"/> Spouse \$150	
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Member \$280	<input type="checkbox"/> Non-Member \$465	<input type="checkbox"/> Spouse \$150	
OPTIONAL EVENTS				
<input type="checkbox"/> Legal Seminar (Legal), Sunday 8:00–11:30 a.m.			\$85	
<input type="checkbox"/> Welcome to the Field Lunch (Welcome), Sunday 12:00–1:00 p.m.			No Charge	
<input type="checkbox"/> Board/CEO Event (Board), Sunday 2:00–6:30 p.m.			\$75	
<input type="checkbox"/> ProNet Business Meeting and Reception (ProNet1), Sunday 6:00–8:00 p.m.			\$20	
<input type="checkbox"/> FAOG Dinner (FAOG), Sunday 6:00–9:00 p.m.			\$40	
<input type="checkbox"/> AdNet Business Meeting and Reception (AdNet1), Sunday 6:00–8:00 p.m.			No Charge	
<input type="checkbox"/> CommA Membership Meeting and Dinner (CommA), Sunday 5:30–9:30 p.m.			\$35	
<input type="checkbox"/> SuppNet Business Meeting and Reception (SUPP), Sunday 6:00–7:00 p.m.			No Charge	
			TOTAL FEES DUE	\$

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

**Per person fee. Available to member foundations with assets of less than \$5 million for one staff person and one board member per foundation.

***Available only to Council members. Includes Board/CEO Event on Sunday and all Monday activities.

8. 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).

Credit card: American Express MasterCard Visa

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____ Signature of Cardholder: _____

9. Spouse Information (if registering) for Name Badge

Full Name: _____ First Name/Nickname (for badge): _____

10. Housing Reservation and Payment

You can reserve your hotel room with this form if received at the Council by August 15. Indicate your first and second choices below by putting a "1" next to your first choice and a "2" next to your second choice. After August 15, you must call the hotel directly to make your reservation. See page 10 for more details.

____ Marriott Waterfront (single \$190, double \$210) ____ Renaissance Harborplace (single \$190, double \$210)

Arrival Day/Date: _____ Departure Day/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.

Use the same credit used for registration payment above.

Use other credit card: American Express MasterCard Visa Discover

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____ Signature of Cardholder: _____