

2004 Fall Conference for Community Foundations 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

After September 10, 2004, please **DO NOT** register by mail; instead register online or fax your form with your credit card information.

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.

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 _____

Check here if you are a first-time Fall Conference Attendee.

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

- | | |
|---|---|
| <input type="checkbox"/> CEO/Executive Director/President | <input type="checkbox"/> Board Member/Trustee |
| <input type="checkbox"/> Administrative Staff | <input type="checkbox"/> Donor Services Staff |
| <input type="checkbox"/> Financial Staff | <input type="checkbox"/> Development Staff |
| <input type="checkbox"/> Program Staff | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Communications Staff | |

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

Address _____
City/State/Zip/Country _____
Phone _____ Fax _____

Special Needs

Please list accessibility requirements you might have:

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

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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 8/13	Postmarked After 8/13	Total
<input type="checkbox"/> Full Conference Member	\$650 USD	\$800 USD	
<input type="checkbox"/> Full Conference Non-Member	\$1,300 USD	\$1,450 USD	
<input type="checkbox"/> Spouse Registration <i>(Please complete spouse information below)</i>	\$375 USD	\$525 USD	
<input type="checkbox"/> Full Conference Multiple Registration Discount*	\$550 USD	N/A	
<input type="checkbox"/> Full Conference Special Fee**	\$550 USD	\$600 USD	
<input type="checkbox"/> Board Member Package***	\$260 USD	\$285 USD	
PARTIAL CONFERENCE	Monday	Tuesday	
<input type="checkbox"/> Member	\$310 USD	\$285 USD	\$280 USD
<input type="checkbox"/> Non-Member	\$490 USD	\$465 USD	\$465 USD
<input type="checkbox"/> Spouse	\$175 USD	\$150 USD	\$150 USD
OPTIONAL EVENTS			Cost
<input type="checkbox"/> Legal Seminar (Legal), Sunday 8:00 – 11:30 a.m.			\$85 USD
<input type="checkbox"/> Welcome to the Field Lunch (Welcome), Sunday 1:00 – 2:00 p.m.			No Charge
<input type="checkbox"/> Grantmaking Basics (S1A), Sunday 1:00 – 5:00 p.m.			\$50 USD
<input type="checkbox"/> Sharing Together (S2A) — How to Lead Sustainable Change for Disadvantaged Kids and Families, Tuesday 2:00 – 7:00 p.m. _____ <small>Name of additional staff person attending.</small>			\$300 USD per pair
<input type="checkbox"/> Board/CEO Event (Board), Sunday 2:00 – 6:30 p.m.			\$75 USD
<input type="checkbox"/> ProNet Business Meeting and Reception (ProNet), Sunday 5:00 – 6:30 p.m.			\$35 USD
<input type="checkbox"/> FAOG Dinner (FAOG), Sunday 6:00 – 9:00 p.m.			\$50 USD
<input type="checkbox"/> ADNET Networking Event (ADNET), Sunday 5:30 – 7:30 p.m.			\$30 USD
<input type="checkbox"/> CommA Membership Meeting and Dinner (CommA), Sunday 5:30 – 8:00 p.m.			\$35 USD
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.

Housing Reservation and Payment

You can reserve your hotel room with this form if received at the Council by August 20. Indicate your first and second choice below. Please check your confirmation closely. Your first choice is not guaranteed. After August 20, you must call the hotel directly to make your reservation. See page 10 for more details.

HILTON MINNEAPOLIS

- \$167 Single
 \$177 Double

MARQUETTE HOTEL

- \$175 Single
 \$175 Double

Arrival Date _____ Departure Date _____

Room Type: Single Double

Requests: Smoking Non-smoking One bed
 Two beds Handicap accessible room

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 _____

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) _____

2004 Fall Conference for Community Foundations Roundtable Discussion Form

WEDNESDAY: October 13, 2004

8:00 – 9:30 a.m.

Do you have an issue you'd like to discuss with your colleagues during the conference? Take advantage of the Roundtable Discussion breakfast. Simply fill out and return this form with the topic you choose. One topic will be assigned to each 10-person table. We will provide a listing of all topics offered and the designated table for the discussion at the conference. You and others interested in the topic can discuss the issue over an informal breakfast that we will provide.

This is a great opportunity to build a network of peers interested in the same issue. You can discuss a funding area, geographic region or issue facing your foundation, or share experiences and lessons learned in grantmaking, governance or day-to-day foundation management. It's also an excellent way to gather new ideas from your peers or find out how to resolve challenges your organization may be experiencing.

To submit a topic for discussion, please complete this form and return it to the Council by Wednesday, October 6, 2004.

After Wednesday, October 6, please bring the form to the on-site registration desk in Resource Central.

Topic (a title or brief phrase) _____

Discussion Leader _____

Organization _____

Phone _____

Fax _____

E-mail _____

Submitted by _____

Phone _____

Fax _____

E-mail _____

Return by Wednesday, October 6, 2004

Fax to:
202/835-2906

Mail to:
Fall Conference Roundtable Discussions
Council on Foundations
Attn: Heather Scott
1828 L Street, NW, Suite 300
Washington, DC 20036