

# REGISTRATION FORM

## 1 Information on the Foundation/Organization You Are Representing

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

### Registrant's Personal Information

Full Name \_\_\_\_\_  
 First Name/Nickname (for badge) \_\_\_\_\_  
 Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip/Country \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 Year you entered the philanthropic field \_\_\_\_\_  
 Have you ever attended a Council on Foundations conference or workshop?  Yes  No  
 Please list any accessibility requirements you might have:  
 \_\_\_\_\_  
 If you have a special dietary need, please check one:  
 Vegetarian  Kosher  Diabetic  Nondairy

### Relationship to the Foundation Represented

- CEO/Exec. Director/President
- Administrative Staff
- Financial Staff
- Program Staff
- Donor Services Staff
- Board Member/Trustee
- Member of the donor's family
- Other

### How did you hear about the institutes?

- Brochure in mail
- Brochure at a Council conference
- Colleague
- Foundation News & Commentary
- E-mail announcement
- Other Council publication
- Council website
- Colleague organization
- Other

## 2 Registration

Check the appropriate box(es) and enter the fee in the column on the right.  
 Total all fees. All fees are in U.S. dollars. Members of Washington Grantmakers may register at the Council rate.

Check here if you are a Washington Grantmakers Member

	Council/Washington Grantmakers Member	Non-Member	Subtotal
<input type="checkbox"/> Institute for New Board Members December 6, 2004	\$225	\$350	
<input type="checkbox"/> Institute for New Grantmakers December 7-8, 2004	\$675	\$1,350	
			<b>Total:</b>

## 3 Method of Payment

Registrations will not be processed without payment. Only credit card payments can be faxed. **All forms submitted without payment will not be processed until payment is received.**

- Check enclosed (made payable to the Council on Foundations in U.S. funds only)
- American Express  MasterCard  Visa

Name on Card \_\_\_\_\_  
 Account Number \_\_\_\_\_ Expiration 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 \_\_\_\_\_

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

Or **MAIL** the form with your check or credit card information 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).

Please **DO NOT** register by mail after November 12, 2004. Instead, register online at [www.cof.org](http://www.cof.org) or fax your form with your credit card information.

**Travel arrangements** should not be made until the Council confirms program participation.