

2005 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 3, 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 _____

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

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

CEO/Executive Director/President

Board Member/Trustee

Administrative Staff

Donor Services Staff

Financial Staff

Development Staff

Program Staff

Other _____

Communications 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 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	Wednesday
<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"/>	Family Dynamics (FDF), Sunday 8:00 a.m. – 12:30 p.m.		\$140 USD	
<input type="checkbox"/>	Basic Grantmaking for Community Foundations (S1A), Sunday 8:30 a.m. – 1:30 p.m.		\$75 USD	
<input type="checkbox"/>	Extended Site Tour: Bainbridge Island and IslandWood (S4A), Sunday 8:30 a.m. – 3:00 p.m.		\$75 USD	
<input type="checkbox"/>	Understanding Community Rhythms (S5A), Sunday 9:00 a.m. – 12:00 p.m.		\$30 USD	
<input type="checkbox"/>	Finding Meaning in Grantee Financial Information (S6A), Sunday 2:00 – 5:00 p.m.		No charge	
<input type="checkbox"/>	Board/CEO Event and Reception (Board), Sunday 2:00 – 6:30 p.m.		\$75 USD	
<input type="checkbox"/>	Empowering the Community: Exploring Privilege (S7A), Sunday 3:30 – 5:30 p.m.		No charge	
<input type="checkbox"/>	ProNet Business Meeting and Reception (ProNet), Sunday 5:00 – 6:30 p.m.		\$35 USD	
<input type="checkbox"/>	ADNET Networking Event (ADNET), Sunday 5:30 – 7:30 p.m.		\$40 USD	
<input type="checkbox"/>	FAOG Business Meeting and Dinner (FAOG), Sunday 6:00 – 9:00 p.m.		\$60 USD	
<input type="checkbox"/>	CommA Membership Meeting and Dinner (Comma), Sunday 6:00 – 8:00 p.m.		\$45 USD	
<input type="checkbox"/>	Sunday Night at the Movies (S3A), Sunday 6:00 – 9:30 p.m.		\$35 USD	
<input type="checkbox"/>	Coalition of Community Foundations for Youth – Special Session: Breakthrough Change (S9A), Tuesday 2:00 – 5:30 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.

Housing Reservation and Payment

You can reserve your hotel room with this form if received at the Council by August 5. Indicate your first and second choice below. Please check your confirmation closely. Your first choice is not guaranteed. After August 5, you must call the hotel directly to make your reservation. See page 17 for more details.

- SHERATON SEATTLE HOTEL & TOWERS
 Contact Hotel Directly
- GRAND HYATT SEATTLE HOTEL
 SOLD OUT

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) _____