



Registration Form
Closing Plenary Lunch with Bill Clinton
Family Foundations Conference – Tuesday, February 10, 2004
New York Hilton

Registrant Information

Full Name: _____

First Name/Nickname for Badge: _____

Job Title: _____

Foundation Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Circle the appropriate rate:

<u>No. of Tickets</u>	<u>Member</u>	<u>Non-member</u>	<u>Total</u>
_____	\$125	\$175	_____

Registration Payment

Check enclosed (*please make all checks payable to: Council on Foundations, U.S. funds only*)

Please charge applicable course fee(s) in the amount of _____ to my:

MasterCard Visa American Express

Account #: _____ Exp. Date (mm/yy): _____

Name on card: _____

Signature of cardholder: _____

Fax completed registration form with credit card information to 202/785-3926. Or mail the form with payment to Council on Foundations, 1828 L Street, N.W., Washington, D.C. 20036. Confirmations will be e-mailed.

Detailed information about the Family Foundations conference can be found on the Council on Foundations web site at www.cof.org COF Code: 2004family Registration questions – 202/467-0260 or email confreg@cof.org.