

2005 Family Foundation Conference Registration & 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 January 3, 2005, 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.
- Check here if you are a first-time Family Foundation Conference attendee.

Information on the Foundation/Organization You Are Representing

Foundation/Organization Name _____

Address _____

City/State/Zip/Country _____

Organization Main Phone _____ Organization Main Fax _____

Organization URL _____

Non-members only:

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.) _____

If you are an individual donor, please indicate your annual giving level _____

Registrant's Personal Information

Full Name _____

First Name/Nickname (for badge) _____

Title _____

E-mail address _____

Year you entered the philanthropic field _____

Relationship to the foundation represented (Pick the one most applicable to the organization you are representing):

- | | |
|---|--|
| <input type="checkbox"/> CEO/Executive Director/President | <input type="checkbox"/> Member of the Donor's Family |
| <input type="checkbox"/> Administrative Staff | <input type="checkbox"/> Board Member/Trustee |
| <input type="checkbox"/> Financial Staff | <input type="checkbox"/> Community Foundation
<input type="checkbox"/> Staff <input type="checkbox"/> Donor |
| <input type="checkbox"/> Program Staff | <input type="checkbox"/> Other _____ |

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

Address _____

City/State/Zip/Country _____

Phone _____ Fax _____

Email _____

Special Needs

Please list any 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	Received through 12/10	Received after 12/10	Total	
<input type="checkbox"/> Full Conference Member	\$775	\$925		
<input type="checkbox"/> Full Conference Non-Member	\$1,075	\$1,225		
<input type="checkbox"/> Spouse Registration: Includes meals and networking event only. (Please complete spouse information below)	\$520	\$595		
<input type="checkbox"/> Full Conference Multiple Registration Discount*	\$675	N/A		
PARTIAL CONFERENCE		Member	Non-Member	
<input type="checkbox"/> Sunday	\$350	\$525		
<input type="checkbox"/> Monday	\$375	\$575		
<input type="checkbox"/> Tuesday	\$350	\$525		
OPTIONAL EVENTS		Member	Non-Member	
<input type="checkbox"/> Next Generation Retreat (NGR)	\$140	\$225		
<input type="checkbox"/> Family Dynamics and Foundation Function (FDF)	\$140	\$225		
<input type="checkbox"/> Everglade Trip (S1A)	\$90	\$130		
<input type="checkbox"/> Food and a Flick (S2A)	\$35	\$35		
<p>Special non-member rate for new foundations — contact membership department at membership@cof.org. Special philanthropic advisors registration — contact PAN at pan@cof.org for details.</p>				
TOTAL FEES DUE:				

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

Housing Reservation and Payment

You can reserve your hotel room with this form if received at the Council by December 10. Indicate your first and second choice below. Please check your confirmation closely. Your first choice is not guaranteed. After December 10, you must call the hotel directly to make your reservation. See page 9 for more details.

Loews Miami Beach Hotel (single/double \$239 + tax)

Crowne Plaza (single/double \$239 + tax)

Arrival Day/Date _____ Departure Day/Date _____

Room Type: Single Double

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

Name of roommate(s) _____

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 other credit card
 American Express MasterCard Visa

Name on Card _____

Account Number _____ 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) _____