



COUNCIL *on* FOUNDATIONS

Vision & ACTION

COUNCIL ON FOUNDATIONS 2013 ANNUAL CONFERENCE

APRIL 7-9 | PRECONFERENCE APRIL 6-7 | CHICAGO HILTON



REGISTRATION FORM

HERE'S HOW TO REGISTER

1. Enter the requested information directly on this form, and click the appropriate boxes on the next page to indicate your choices of registration fees, optional events, and payment method.
2. If you are paying by credit card, print the completed form and send it to our secure fax line: 866-914-8107.
3. If you are paying by check or by credit card, print the completed form and mail it with your payment to Council on Foundations, Box 75674, Baltimore, Md. 21275-5674.

We will confirm your registration via e-mail within 10 days of receipt, so please be sure to include your e-mail address.

TO MAKE HOTEL RESERVATIONS

The conference hotel is the **Chicago Hilton and Towers, 720 South Michigan Avenue, Chicago, IL 60605**. Room rates are \$249/\$259 standard single/double, \$269/\$279 business class single/double*, \$279/\$304 executive level single/double, plus tax. You can reserve a room online or call 800-441-1414 and say you are attending the 2013 Council on Foundations Annual Conference.

**Business Class rooms offer in-room safes, refrigerators, complimentary access to the fitness center, and complimentary in-room Wi-Fi.*

PERSONAL INFORMATION

Full Name*

First Name/Nickname (for badge)*

Title*

Foundation/Organization*

Mailing Address*

Billing Address*

City/State/Zip/Country*

E-mail*

Phone*

Fax

Organization URL

Blog URL

Twitter URL

Facebook URL

**This information is required.*

GUEST REGISTRANT INFORMATION (MUST BE A SPOUSE OR PARTNER OF PRIMARY REGISTRANT)

Full Name

First Name/Nickname

E-mail



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RELATIONSHIP TO ORGANIZATION REPRESENTED

Check all that apply. Please select at least one.

- CEO/Executive Director/President
- Community Foundation Donor Adviser
- Board Trustee/Member
- Financial/Administrative Staff
- Program/Grantmaking/Community Leadership Staff
- Technology Staff
- Communications/Marketing Staff
- Human Resources Staff
- Development/Donor Services Staff
- Student
- Consultant

Are you a...

- Next Generation Member
- First-Time Attendee

About your organization

Year organization was established _____

For nonmembers only

Type of organization (community or family foundation, regional association) _____

Organization's approximate assets \$ _____

Organization's approximate annual grant level \$ _____

REGISTRATION

	Before 3/21/2013	On or After 3/21/2013
Full Conference – Member	<input type="checkbox"/> \$800	<input type="checkbox"/> \$950
Discount for Multiple Registrants <i>(Members only – Three people from a member organization pay full conference fee; additional registrants are eligible for discount)</i>	<input type="checkbox"/> \$700	N/A
Full Conference – Nonmember	<input type="checkbox"/> \$1,100	<input type="checkbox"/> 1,250
International – Member	<input type="checkbox"/> \$550	<input type="checkbox"/> \$550
International – Nonmember	<input type="checkbox"/> \$800	<input type="checkbox"/> \$800
Guest Registration Member	<input type="checkbox"/> \$545	<input type="checkbox"/> \$620
Guest Registration Nonmember	<input type="checkbox"/> \$695	<input type="checkbox"/> \$770
Student Registration – Member	<input type="checkbox"/> \$545	<input type="checkbox"/> \$620
Student Registration – Nonmember	<input type="checkbox"/> \$695	<input type="checkbox"/> \$770

DAY RATES

	Member	Nonmember
Sunday	<input type="checkbox"/> \$390	<input type="checkbox"/> \$540
Monday	<input type="checkbox"/> \$415	<input type="checkbox"/> \$565
Tuesday	<input type="checkbox"/> \$390	<input type="checkbox"/> \$540

OPTIONAL EVENTS

	Member	Nonmember
Corporate Philanthropy Opening Session (April 7)	<input type="checkbox"/> \$75	<input type="checkbox"/> \$125
Global Philanthropy Reception and Dinner (April 6)	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200
<i>*Register for both and save \$25</i>	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300
A Global Engagement (April 6)	<input type="checkbox"/> \$95	<input type="checkbox"/> \$125
<i>*Register for the Global Philanthropy Reception and Dinner and A Global Engagement and save \$25</i>	<input type="checkbox"/> \$220	<input type="checkbox"/> \$270
“DETROPIA”: Dessert/Drinks/Discussion (April 6)	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30
“To The Arctic”: Dinner/Screening/Discussion (April 8)	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60

SPECIAL NEEDS

Please list any accessibility requirements:

If you have a special dietary need, please check one:

- Gluten-free
- Kosher
- Nondairy
- Vegetarian
- Diabetic
- Other _____

- I do not wish to receive information from grantmaker service organizations (e.g., regional associations).
- I do not wish to receive information from exhibitors and sponsors.
- I approve of the Council publishing my name, title, and organization in the conference registrant list and posting this information on its website.
- I do not want the Council to publish my name, title, and organization in the conference registrant list or post this information on its website.
- I approve of the Council posting on its website or that of a third party any photographs that may be taken of me during this event.
- I do not want the Council to post on its website or that of a third party any photographs that may be taken of me during this event.



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REGISTRATION FORM

PAYMENT

Total Fees \$ _____

Registration Cancellation

All Annual Conference registration cancellations must be submitted in writing. Fax your cancellation to 703-879-0800 or 703-879-0802 or e-mail to confreg@cof.org.

Cancellation fees will be as follows:

- **Cancellation through February 22, 2013** – Full refund minus \$150 administrative fee
- **Cancellation after February 22, 2013** – No refund available

REGISTRATION PAYMENT

Registrations will not be processed without payment. Only credit card payments may be faxed.

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

Name on Card

Card No.

Exp. Date

Security Code

Signature of Cardholder

- I authorize the Council on Foundations to charge my credit card for the conference fees as indicated. If I have miscalculated the conference fees, I authorize the Council to make the necessary adjustments and to charge my card accordingly.

www.cof.org