



REGISTRATION FORM

HERE'S HOW TO REGISTER

- 1. Enter the requested information directly on this form...
2. If you are paying by credit card, print the completed form...
3. If you are paying by check or by credit card, print the completed form...

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 Manchester Grand Hyatt San Diego, One Market Place, San Diego, CA 92101. Guest room rates are \$259 standard single/double or \$279 premium bay view single/double, plus tax. Please reserve your guest room online at: www.cof.org/2013fall

PERSONAL INFORMATION

Registration form fields: Full Name*, First Name/Nickname (for badge)*, Title*, Foundation/Organization*, Mailing Address*, City/State/Zip/Country*, E-mail*, Phone*, Fax, Mobile, Organization URL, Blog URL, Twitter URL, Facebook URL

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

Guest registration fields: Full Name*, First Name/Nickname (for badge)*, Foundation/Organization, E-mail

*This information is required.

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RELATIONSHIP TO ORGANIZATION REPRESENTED

Check all that apply. Please select at least one.

- CEO/Executive Director/President
- Community Foundation Donor Advisor
- 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

Years in philanthropy _____

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 8/23/2013	On or After 8/23/2013
Full Conference – Member	<input type="checkbox"/> \$825	<input type="checkbox"/> \$1,025
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"/> \$750	N/A
Full Conference – Nonmember	<input type="checkbox"/> \$1,625	<input type="checkbox"/> \$1,625
International – Member	<input type="checkbox"/> \$825	<input type="checkbox"/> \$1,025
International – Nonmember	<input type="checkbox"/> \$1,625	<input type="checkbox"/> \$1,625
Guest Registration Member	<input type="checkbox"/> \$750	<input type="checkbox"/> \$750
Guest Registration Nonmember	<input type="checkbox"/> \$750	<input type="checkbox"/> \$750
Student Registration – Member	<input type="checkbox"/> \$750	<input type="checkbox"/> \$750
Student Registration – Nonmember	<input type="checkbox"/> \$750	<input type="checkbox"/> \$750

DAY RATES

Member Nonmember

- \$425
- \$825

Please select:

- Monday
- Tuesday
- Wednesday

PRECONFERENCE EVENTS

Member Nonmember

- Advanced Legal Seminar \$65 \$165
- CCFE Fundamentals \$595 \$809
- CEO Retreat \$410 \$885

SPECIAL NEEDS

Please list any accessibility requirements:

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

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

CONSENT

- 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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PAYMENT

Total Fees \$ _____

Registration Cancellation

Substitutions are welcome and can be made at any time. The deadline for full refunds, minus a \$150 administrative fee, is July 20, 2013. No refunds will be available after that date. All requests must be submitted via e-mail at confreg@cof.org or via fax at 703-879-0800.

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 Number

Expiration Date

Security Code

Billing Address

City/State/Zipcode/Country

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.