

2009 AFP CHICAGO MIDWEST CONFERENCE ONSITE REGISTRATION FORM

To register, fill out this form and bring it with you to the Conference.
Payment must be received with registration.

First Name Last Name Designation

Title

Organization

Address

City / State/ Zip

Phone E-mail

If you do not wish to have your name listed in our attendee directory, please check here.

Registration fees include one plenary session, three educational sessions, networking breakfast, roundtable luncheon, career development information and networking reception.

Please indicate your track session choice:

You are not required to stay in the track you choose. This will be used for planning purposes.

- Track 1: Practical Fundraising
- Track 2: Strategic Fundraising
- Track 3: Leadership
- Track 4: Discussing Philanthropy

Registration Rate: \$300 (member rate) \$350 (non-member rate)

Payment information:

Check Visa MasterCard American Express

Credit Card Number Expiration Date

Printed Name of Cardholder Signature

Check all that apply:

- I am an AFP Chicago member I am not an AFP Chicago member
- Please send me membership information This is my first AFP Chicago conference
- I joined AFP in 2009 Vegetarian meal requested
- I have a special needs disability. Please specify _____

FOR MORE INFORMATION: Please contact the AFP Chicago office by phone at (630) 416-1166, by fax at (630) 416-9798, conferenceinfo@afpchicago.org or online at www.afpchicago.org.

CANCELLATION POLICY : All cancellations must be submitted in writing on official, organizational letterhead and must be received by the AFP Chicago Chapter office on or before November 5, 2009. A \$100 processing fee will be deducted from the refunded registration. However, no refunds will be issued for cancellations received after November 5, 2009.