

2009 AFP CHICAGO MIDWEST CONFERENCE REGISTRATION FORM

Please return this form along with payment by November 5, 2009

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)
 \$300 installment payments (members only – complete payment agreement form)
 \$350 (non-member rate)

Payment information:

- 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.

MAIL REGISTRATION FORM TO: AFP Chicago Chapter, 1755 Park Street, Suite 260, Naperville, IL 60563.

REGISTRATION WITH INSTALLMENT PAYMENT FORMS MAY BE FAXED TO: 630-416-9798

2009 AFP CHICAGO MIDWEST CONFERENCE PAYMENT AGREEMENT

Please return this form along with your registration form by November 5, 2009

First Name Last Name Designation

Title

Organization

Address

City / State/ Zip

Phone Fax E-mail

I, _____, agree to allow the Association of Fundraising Professionals
(name as it appears on credit card)
Chicago Chapter to charge my credit card as directed below:

Credit Card # _____ Expiration date: _____

PLEASE INDICATE YOUR PAYMENT CHOICE:

<input type="checkbox"/> Plan 1		<input type="checkbox"/> Plan 2	
On receipt	\$100.00	November 15, 2009	\$150.00
November 15, 2009	\$100.00	December 15, 2009	\$150.00
December 15, 2009	\$100.00		

Signature: _____ Date: _____

MAIL REGISTRATION FORM TO: AFP Chicago Chapter, 1755 Park Street, Suite 260, Naperville, IL 60563.
REGISTRATION WITH INSTALLMENT PAYMENT FORMS MAY BE FAXED TO: 630-416-9798

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.