



Chicago Chapter

"Corporate Social Responsibility: Social Conscience or Bottom Line?"

AFP Chicago Luncheon and Educational Program

Friday, June 12, 2009

Maggiano's Banquets
111 W. Grand, Chicago

Please return this form with payment by June 8, 2009 to the Chapter Office to ensure your space. Each reservation requires a form. No phone reservations are accepted. Please note that all credit card reservations will be charged prior to the event. Cancellations must be submitted in writing on organizational letterhead and received 48 hours before the program or you will be charged. Reservations are accepted on a first-come, first-served basis. Members and guests without reservations will be charged \$50 and will be seated as space permits.

Please include an email address to receive a confirmation and receipt for your registration. If you do not receive confirmation of your registration within 48 hours of the event, please call 630-416-1166 or email khollingsworth@afpchicago.org to confirm your registration was received

Costs:

Guest Rate and Member Rate after June 8: \$50.00
Early Bird Member Registration Rate ended June 8

Schedule:

11:00 a.m.–11:30 a.m. Registration & Networking
11:00 a.m.–11:30 a.m. New & Prospective Member Coffee
11:30 a.m.–1:30 p.m. Program

Please print or type:

AFP Member First Name _____ Last Name _____
 Guest Organization _____
Phone _____ Email Address _____
 CFRE This is my first program. I plan to attend the New and Prospective Member Coffee.
 Please indicate special access or dietary needs, if any. _____

AFP Member First Name _____ Last Name _____
 Guest Organization _____
Phone _____ Email Address _____
 CFRE This is my first program. I plan to attend the New and Prospective Member Coffee.
 Please indicate special access or dietary needs, if any. _____

*Please mail or fax form with payment to: AFP Chicago Chapter, 1755 Park Street, Suite 260
Naperville, IL 60563 • Fax (630) 416-9798*

Payment: Check enclosed (make check payable to AFP Chicago Chapter) MasterCard Visa American Express
Card Number _____ Exp. Date _____
Printed Name of Cardholder _____ Total Amt: _____
Signature of Cardholder _____ Zip Code _____