



2010 WEBINAR REGISTRATION FORM

Navigating Family Dynamics: Tools for Resolving Conflict
Tuesday, October 5, 2010, 1:00–2:30 pm, ET

Registrant Information

Full Name: _____

Job Title: _____

Foundation Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ E-mail: _____

What year did you enter the philanthropic field? _____ How long have you been in your current position? _____

How did you hear about the webinars? _____

What are the two things that you would like to learn most about during the webinar presentation?

1. _____

2. _____

Foundation Information

Type of Foundation (check one):

Community Corporate Family Independent/Private Operating Public

To Complete Your Registration

Fax completed registration form, with credit card information, to 703-879-0800 or 703-879-0802. Confirmations will be e-mailed. Or, mail form with payment to: *Council on Foundations Conferences, 2121 Crystal Drive, Ste. 700, Arlington, VA 22202.*

For More Information

For further information regarding the webinars, contact:

Program Content	Pamela Colman	703-879-0744	colmp@cof.org
	Sophie Dunbar	703-879-0768	leaders@cof.org

2010 WEBINAR REGISTRATION FORM <i>Please check the box to indicate which webinar(s) you would like to attend</i>	Member Rate		Non-member Rate	
Navigating Family Dynamics: Tools for Resolving Conflict (Oct. 5)	<input type="checkbox"/>	\$35	<input type="checkbox"/>	\$150

Cancellations

A full refund will be returned to you if the request is made 48 hours before the event. After the event date, in lieu of a refund, you will only receive access to the recorded presentation.

Payment

- Check enclosed in the amount of \$_____ payable to *Council on Foundations*.** (U.S. funds only.)
- Credit card payment.** Please charge applicable course fee in the amount of \$_____ to my:
 - MasterCard Visa American Express

Account #: _____ Exp. Date (mm/yy): _____

Credit card security code: _____

Name on card: _____

Signature of cardholder: _____