



COUNCIL *on* FOUNDATIONS

INVESTMENT MANAGEMENT FOR THE FUTURE: STRATEGIES FOR PRUDENT INVESTING AND GREATER FIDUCIARY OVERSIGHT

September 23-24, 2010

Council on Foundations Conference Center ~ Arlington, Virginia

Registration Form

Registrant Information

Full Name: _____

First Name/Nickname for Badge: _____

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 seminar? _____

What are the two things that are at the top of your mind about this topic?

1. _____

2. _____

Foundation Information

Type of Foundation (check one):

Community Corporate Family Independent/Private Operating Public

Indicate your foundation's approximate assets: \$ _____ yearly grants: \$ _____

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, Suite 700, Arlington, VA 22202

For More Information

For further information regarding the workshop, contact:

Registration	Patricia Pasatiempo	703-879-0750	confreg@cof.org
Program Content	Pamela Colman	703-879-0744	colmp@cof.org
	Sophie Dunbar	703-879-0768	leaders@cof.org

Fees

Please check the appropriate box:

Council Member Rate		Non-Member Rate	
<input type="checkbox"/>	Individual \$545 <i>Rate includes instructional materials, breakfast and lunch</i>	<input type="checkbox"/>	\$645 <i>Rate includes instructional materials, breakfast and lunch</i>

Early Bird

Register by August 31 and receive a \$100 discount.

Cancellations

All cancellations must be submitted in writing and can be sent to the Council by fax (703-879-0800 or 703-879-0802) or email (confreg@cof.org). Cancellation fees are as follows: *Cancellations through August 23 – 50% of workshop fees. Cancellations received after August 23 are **not** eligible for a refund.*

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: _____