

REGISTRATION FORM

HERE'S HOW TO REGISTER

1. Enter the requested information directly on this form and click the appropriate boxes on the next page to indicate your choices of registration fees, optional events, and payment methods.
2. If you are paying by credit card, print the completed form and send it to our secure fax line: **866-914-8107**.
3. If you are paying by check or by credit card, print the completed form and mail it with your payment to:
Council on Foundations, PO Box 75674,
Baltimore, MD 21275-5674.

We will confirm your registration via e-mail within 10 days of receipt, so please be sure to include your e-mail address.

REGISTRATION CUSTOMER SERVICE

Email: registration@cof.org

TO MAKE HOTEL RESERVATIONS

All conference sessions, workshops and exhibition will be held at the San Francisco Marriott Marquis, unless otherwise noted.

HOST HOTEL: San Francisco Marriott Marquis
780 Mission Street
San Francisco, CA 94103
1.415.896.1600 (phone)

PERSONAL INFORMATION

Full Name*	First Name/Nickname (for badge)*	
Organization*	Title*	
Mailing Address*	City/State/ZIP/Country*	
Billing Address*	City/State/ZIP/Country*	
E-mail*		
Phone*	Fax	Mobile
Organization URL		
Blog URL	Twitter URL	
Facebook URL	LinkedIn URL	

GUEST REGISTRANT INFORMATION (MUST BE A SPOUSE OR PARTNER OF PRIMARY REGISTRANT)

Full Name*	First Name/Nickname (for badge)*
E-mail	

**This information is required.*



REGISTRATION FORM

RELATIONSHIP TO ORGANIZATION REPRESENTED

Check all that apply. Please select at least one.

- CEO/Executive Director/President
- Community Foundation Donor Advisor
- Board Trustee/Member
- Financial/Administrative Staff
- Program/Grantmaking/Community Leadership Staff
- Technology Staff
- Communications/Marketing Staff
- Human Resources Staff
- Development/Donor Services Staff
- Family Foundation: Family Member
- Family Foundation: Non-Family Member
- Student
- Consultant
- Other/Staff

Are you a...

- Next Generation Member
- First-Time Attendee

About your organization

Year organization was established _____

For nonmembers only

Type of organization (e.g., community or family foundation, regional association) _____

Organization's approximate assets \$ _____

Organization's approximate annual grant level \$ _____

SPECIAL NEEDS

If you have a special dietary need, please check one:

- Gluten-free
- Kosher
- Diabetic
- Vegetarian
- Vegan
- Food Allergy
- Non-dairy
- Other: _____

OTHER SPECIAL CONSIDERATIONS

- Accessibility Needs
- Hearing Needs
- Visual Needs
- Other: _____

CONSENT

I wish to receive information from grantmakers service organization (e.g., regional associations):

- Yes
- No

I wish to receive information from exhibitors and sponsors:

- Yes
- No

I allow the Council to publish my name, title, and organization in the conference registrant directories available to registrants and online:

- Yes
- No

I allow the Council to post on its website or that of a third party any photographs that may be taken of me during this event:

- Yes
- No



REGISTRATION FORM

CONFERENCE REGISTRATION

Early Bird
On or Before 3/20/2015

Regular
On or After 3/20/2015

Member	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,200
Non-member (not eligible for Council membership)	<input type="checkbox"/> \$1,400	<input type="checkbox"/> \$1,600
Prospective Member (eligible for Council membership)	<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$1,400
Colleague Organizations	<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$1,400
Government	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,200
Students	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150
Value Pack Group Rate*	<input type="checkbox"/> \$800	<input type="checkbox"/> \$1,000

* Special Members Only Offer – register three staff members from the same organization at the full conference rate, and any additional registrants will receive the value pack registration discount. To receive the discount, please use the paper registration form and fax or mail in the forms with payment.

Guest* \$150 \$150

* Spouse/Partner/Relative of a registered attendee. Attendance only to non-ticketed social events including receptions. Not included: Session and plenary attendance, breakfasts/lunches, ticketed events.

DAY RATES

Sunday

- Member: \$575
- Non-Member: \$975

Monday

- Member: \$575
- Non-Member: \$975

Tuesday

- Member: \$450
- Non-Member: \$850

REGISTRATION FORM

PRECONFERENCE SESSIONS

EXECUTIVE LEADERSHIP* PRECONFERENCE: PHILANTHROPY & PUBLIC POLICY: EXECUTIVE CHALLENGES, LEADERSHIP OPPORTUNITIES

More information available at: information at: www.cof.org/2015-annual/preconference

This preconference event includes "Philanthropy and Public Policy: Executive Challenges, Leadership Opportunities" and then has the option for three different Saturday, April 25th afternoon sessions.

EXECUTIVE LEADERSHIP* PRECONFERENCE: PHILANTHROPY AND PUBLIC POLICY: EXECUTIVE CHALLENGES, LEADERSHIP OPPORTUNITIES

Dates & Times: Friday, April 24th, 12:00 PM – 5:00 PM - Session Only: \$250 (*This session is included in full event registration*)
Saturday, April 25th, 8:30 AM – 12:00 PM - Session Only: \$250 (*This session is included in full event registration*)

FULL EVENT OPTION 1 - EXECUTIVE LEADERSHIP* PRECONFERENCE: EVOLUTION OF AMERICAN PHILANTHROPY

Dates & Times: Saturday, April 25th | Part I 1:00 PM – 2:30 PM
Saturday, April 25th | Part II 3:00 PM – 5:00 PM
Session Only: \$250 | Friday and Saturday (All Executive Leadership Preconference Sessions): \$600

FULL EVENT OPTION 2 - EXECUTIVE LEADERSHIP* PRECONFERENCE: PUBLIC POLICY CHALLENGES & LEADERSHIP OPPORTUNITIES FOR COMMUNITY FOUNDATIONS

Dates & Times: Saturday, April 25th | 2:30 PM – 5:30 PM
Session Only: \$200 | Friday and Saturday (All Executive Leadership Preconference Sessions): \$600

FULL EVENT OPTION 3 - TALENT DEVELOPMENT, RECRUITMENT AND MANAGEMENT: PROMISING PRACTICES FOR AN INCLUSIVE WORKPLACE

Dates & Times: Saturday, April 25th | 1:00 PM – 5:00 PM
Session Only: \$250 | Friday and Saturday (All Executive Leadership Preconference Sessions): \$600

**Participation in this Executive Leadership session is limited to foundation executive directors, C-Suite foundation executives and foundation board members and trustees.*

CENTER FOR COMMUNITY FOUNDATION EXCELLENCE (CCFE) FUNDAMENTALS

Dates & Times: Friday, April 24th, 8:30 AM – 5:00 PM & Saturday, April 25th, 8:30 AM – 5:00 PM

Cost: \$595 Members \$809 Non-members

Capacity: 36

Description: A well-trained staff and an informed board are critical to the success of community foundations in our fast-changing world. This two-day course helps new and experienced foundation stakeholders build the essential skills they need to balance governance and management. Created and led by experienced leaders, this course includes:

- Updates on key legal and legislative issues;
- Information on grantmaking; and
- Review of community leadership and fiduciary responsibilities.

A wait list for this event exists. If you'd like to be added to the wait list, please contact registration@cof.org.

REGISTRATION FORM

REGISTRATION CANCELLATION

All 2015 Annual Meeting Conference registration cancellations must be submitted in writing to registration@cof.org. All cancellation refunds prior to March 13, 2015 will incur a \$150 administrative fee. No refunds will be provided after March 13, 2015.

REGISTRATION PAYMENT

Total Fees \$ _____

Registrations will not be processed without payment. Only credit card payments may be faxed.

- Check enclosed (payable to the Council on Foundations, U.S. funds only)
Mail registration form and check payment to: Council on Foundations, PO Box 75674, Baltimore, MD 21275-5674
- Credit card. *Fax registration form and credit card payment to our secure fax line at 866-914-8107*
- American Express Visa MasterCard

Name on Card

Card Number

Expiration Date

Security Code

Billing Address

City/State/ZIP/Country

Signature of Cardholder

- I authorize the Council on Foundations to charge my credit card for the conference fees as indicated. If I have miscalculated the conference fees, I authorize the Council to make necessary adjustments and charge my card accordingly.