

## 66TH ANNUAL CONFERENCE REGISTRATION FORM

Sheraton Wild Horse Pass November 6 - 8, 2014 Primary Attendee Information

I am a (please check all that apply)		Name:			
	Philanthropy Southwest Member Non-member Organization	Job Title:			
	New Member	First Name for Badge:			
	First-time Attendee	Foundation Name:			
	Board Member Staff	Address: City, State, Zip:			
		Phone: Fax:			
		E-mail:			
		☐ Please check here if you do NOT want your e-mail address included on the conference attendee list.			

# Attendees		Rec'd by 9/24/14	Rec'd after 9/24/14	Add
	Full Conference Registration - Philanthropy Southwest Member	645.00	695.00	\$
	Full Conference Registration - Non-member	905.00	955.00	\$
		Member	Nonmember	
	Full Conference Registration - Spouse/Guest*	325.00	350.00	\$
	Movie & Discussion: The Cherokee Word for Water	0.00	0.00	
	Early CPE Session: Private Foundation Laws & Regulations (Pre-registration is required to reserve a space in this session)	0.00	0.00	
	Early Session: Vulnerable Children: Hope to the Invisibles (Pre-registration is required to reserve a space in this session)	0.00	0.00	
	Friday Session: Strong Leaders, Strong Teams (Strengthsfinder assessment required for add'l fee; details forthcoming)	0.00	0.00	
	Single-day rates for Thursday OR Friday ( <i>Please circle day attending</i> )	295.00	395.00	\$
	Single-day rates for Saturday	150.00	225.00	\$
	CPE/CLE/CFP/CEU Credit Registration (Please circle type of credit seeking)	25.00	25.00	\$
	OFF-SITE LEARNING OPPORTUNITIES: Please circle your first preference. Educare Arizona   Desert Botanical Garden			\$
	Arizona Bridge to Independent Living	20.00	20.00	\$
			Sub-total	\$

I will have a Spouse/Guest attending conference events. (Select appropriate registration option(s) on previous page)  Spouse/Guest Name(s) for Badge:													
*The spouse/guest registration fee includes full conference participation and all meals and breaks provided during the conference. Only spouses and guests NOT affiliated or employed by a foundation/organization are eligible for the Spouse/Guest Rate.													
Meal Selections The full conference registration fee is inclusive of the meals listed below, but please indicate with a number which events you [and, if applicable, your registered guest(s)] will attend. Guests Attending Meals Only: For guests who are not registered for the full conference, individual meals may be purchased. You may register guests in advance using the registration form below. If you or your guests have special dietary needs or restrictions, please note them here:													
	Primary	Registered	Name(s) of Guest(s) Atte	ending	Fee for Guest(s)	۱۱ ۸							
Thursday Brunch	Attendee	Guest(s)	Meals <b>Only</b>		Meals 80.00	Add \$							
Small Receptions Thursday, 5:00 p.m. CEO   Healthcare Conversion  Newcomers-   TEGG (please circle which attending)					0.00	\$0.00							
Thursday Evening Reception, 6:30 p.m.					50.00	\$							
Friday Breakfast					50.00								
Friday Lunch					50.00	\$							
Saturday Breakfast					50.00	\$							
						\$							
Payment Information       Total Due:       \$         □ Check payable to Philanthropy Southwest enclosed.       Total Due:       \$													
OR Charge my credit card													
Name (as it appears on card	):												
Account number: Expiration date:													
Signature:													
Billing address with ZIP Co	de (if differen	t from above): _											
Refunds will be issued, min NO REFUNDS WILL BE ( with no change fee. (Contact	GIVEN AFTE	R OCTOBER 14	<b>4, 2014.</b> Substitutions from the			ways accepted							
	ONLINE Registration is available at FAX completed registration form with www.philanthropysouthwest.org credit card information to (214) 740-1790 Philanthropy Southwest					hwest							
OR Suite 100 Dallas, TX 75204													