

69TH ANNUAL CONFERENCE REGISTRATION FORM

Hyatt Regency Lake Tahoe October 12 - 14, 2017 Primary Attendee Information

I an	n a (Please check all that apply.)	Name:	
	22.0	Job Title:	
	- ·	First Name for Badge:	
	New Member	Organization:	
	First-time Attendee	Address:	
	Board Member Staff	City, State, Zip:	
	Please check here if you do NOT want	Phone: Fax:	
	e-mail address included on the conference ndee list.	E-mail:	

# Attendees		Rec'd by 9/6/2017	Rec'd after 9/6/2017	Add
	Full Conference Registration - Philanthropy Southwest Member	725.00	800.00	\$
	Full Conference Registration - Non-member	1,000.00	1,100.00	\$
		Member	Nonmember	
	Full Conference Registration - Spouse/Guest*	400.00	425.00	\$
	Pre-registration is required for the following events:			
	Wednesday Evening Events: Operation Underground Railroad: Break the Chain (7:00 p.m.)	25.00	25.00	\$
	Wednesday Fireside Conversation with Movie Director (8:30 p.m.) (must be registered for movie to attend)			
	Thursday Early Sessions: Philanthropy and Cyber Security or CEO/Trustee Essentials (9:00 a.m.)	25.00	25.00	\$
	Friday No Stakes Casino Mixer (6:00 p.m.)	40.00	40.00	\$
	Single-day rates for Thursday OR Friday (<i>Please circle day attending</i> .)	395.00	450.00	\$
	Single-day rates for Saturday	200.00	250.00	\$
	CPE/CLE/CFP Credit Registration (Please circle credit seeking.)	25.00	25.00	\$
	COMMUNITY FOUNDATIONS CONFERENCE Reserve your place at no cost through Events section of PSW website.			
			Sub-total	\$

I will have a Spouse/Guest Name(s) f		g conference evo	ents. (Select appropriate r	egistration o	ption(s) on pr	revious pag
The spouse/guest registration fee is spouses and guests NOT affiliated				=	-	nce. Only
Meal Selections The full conference registration fee applicable, your registered guest(s) individual meals may be purchased special dietary needs or restriction] will attend. (d. You may reg	Guests Attending I gister guests in adva	Meals Only: For guests who	are not registe	ered for the full	conference,
	Primary Attendee	Registered Guest(s)	Name(s) of Guest(s) At Meals Only	tending	Fee for Guest(s) Meals	Add
Thursday Lunch		(-/			50.00	\$
Thursday Newcomer Reception 11:00 a.m.					0.00	\$0.00
Thursday Evening Reception 6:00 p.m.					80.00	\$
Friday Breakfast					50.00	\$
Friday Lunch					50.00	\$
Friday Reception Environmental Grantmakers Rural Grantmakers Please circle which attending.					0.00	\$0.00
Saturday Breakfast		†			50.00	\$
						\$
Payment Information ☐ Check payable to Philant OR Charge my credit card Name (as it appears on card):	□ Visa □	☐ Mastercard 〔	□ American Express □		ue: \$	
Account number:			Code: Exp	oiration date:		
Signature:						
Billing address with ZIP Code	(if different	from page 1): _				
Refunds will be issued, minus NO REFUNDS WILL BE GIV accepted with no change fee. (C	VEN AFTER	SEPTEMBER 2	1, 2017. Substitutions from	n the same org		always
ONLINE Registration is availal www.philanthropysouthwest.	ble at	OR Scan a	and Email to hropysouthwest.org	MAIL to F	hilanthropy So Central Expre	

of fax to 214.740.1790

Suite M-1012 Dallas, TX 75206