



REGISTRATION FORM

Full Name _____

First Name/Nickname (for badge) _____

Title _____

Community Foundation _____

Community Foundation Address _____

E-mail address _____

Phone Number: _____ Fax Number: _____

Relationship to Community Foundation:

CEO/Executive Director/President
 Board Member
 Financial Staff
 Program Staff

Development/Donor Services Staff
 Marketing/Communications Staff
 Other (please specify)

Is your community foundation a League member? Yes No

Early registration fee (no later than August 7)

League Member \$250 Non Member \$350

Late registration fee (after August 7)

League Member \$400 Non Member \$500

Payment Method

Check enclosed (made payable to the "League of California Community Foundations")
 Mastercard VISA American Express

Name on card _____ Amount \$ _____

Card # _____ Exp. Date _____

Card Billing Address: _____

I authorize the League of California Community Foundations to charge my credit card for the 2008 Statewide Conference fees as indicated above.

Signature of card holder _____

Cancellations:

Cancellation fees will be assessed as follows:

Cancellation through **August 1, 2008**: Full refund minus \$100 administrative fee.

Cancellation on **August 2 - August 21, 2008**: 50% of Conference fees.

Cancellation on **August 22 or later**: No refund available.

Special Needs (Please list any accessibility requirements):

Submit registration forms in one of three ways:

❖ **FAX completed registration form with credit card information to 707.586.1274**

❖ **MAIL the form with check enclosed to:**

League of California Community Foundations
P.O. Box 1638
Rohnert Park, CA 94927
Attn: Beryl Fanucchi

❖ **EMAIL the form with credit card information to Beryl Fanucchi at beryl@cprgroup.net**

After August 7, DO NOT register by mail; instead fax your form with credit card information.

For questions, please contact Beryl at the League office: 707.586.0277 or email beryl@cprgroup.net.