



2012 AFP DFW Philanthropy Conference
Arlington Convention Center
June 8, 2012 8 AM – 5 PM

REGISTRATION FORM (MAIL OR FAX-IN)

PLEASE PRINT CLEARLY

First name: Last name:

Title:

Organization:

Address:

City: State: Zip:

Work phone: Cell (optional):

Email address:

Supplying your email will automatically enter you into a drawing for free admission to the 2013 AFP DFW Philanthropy Conference.

Are you a current AFP member? (Must check one): Yes No

If yes, what is your AFP Membership number?

Name of the AFP Chapter you belong to:

If no, would you like to receive AFP membership information? Yes No

Did you attend last year's conference? Yes No Any past conferences? Yes No

If registering as a group (two or more attendees from the same organization), please supply the following information for each additional attendee. Use a separate piece of paper if necessary:

Attendee #1: Full name Title Email

Attendee #3: Full name Title Email

Attendee #2: Full name Title Email

Attendee #4: Full name Title Email

Attendee #5: Full name Title Email

Attendee #6: Full name Title Email

		#attendees		
Individual AFP Member Early Bird Rate	\$115 each	x _____	=	\$ _____
After May 20, 2012	\$150 each	x _____	=	\$ _____
Individual Non-Member Early Bird Rate	\$150 each	x _____	=	\$ _____
After May 20, 2012	\$185 each	x _____	=	\$ _____
Group AFP Member Early Bird Rate	\$100 each	x _____	=	\$ _____
(Two or more people from same company, one must be AFP member)				
After May 20, 2012	\$130 each	x _____	=	\$ _____
Group Non-Member Early Bird Rate	\$135 each	x _____	=	\$ _____
(Two or more people from same company, no one is an AFP member)				
After May 20, 2012	\$170 each	x _____	=	\$ _____
		TOTAL		\$ _____

PAYMENT

- Check enclosed (payable to AFP)
- Visa / Mastercard / American Express

Credit Card Number: _____ Expiration: _____ / _____

Name on Credit Card: _____

Billing address of cardholder, if different than address above:

First name: _____

Last name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Vegetarian meal requests: List name(s) of person(s) requesting vegetarian meal(s) below. Vegetarian meals must be requested in advance and availability is not guaranteed. _____

Refund of conference registration fee, less and administrative fee of \$25, will be made if written notice of cancellation is postmarked no later than May 25, 2012. Registrants whose cancellation requests are postmarked after May 25, 2012 will NOT be entitled to a refund. Cancellation of registration for this event must be made in writing and mailed to the address below. Substitute attendees will be permitted (with appropriate documentation). Refunds will be processed after the conference.

Please mail, fax or email registration to:
2012 AFP DFW Philanthropy Conference
14070 Proton Rd, Suite 100 LB 9
Dallas, TX 75244
phone 972.233.9107 x204 ♦ fax 972.490.4219
afpchapteroffice@afpdallas.org