



Philanthropy in Action Conference

Friday, June 15, 2018
Irving Convention Center · Irving, Texas

Presented by the
Greater Dallas and Fort Worth Metro Chapters of the Association of Fundraising Professionals

REGISTRATION APPLICATION

PLEASE PRINT CLEARLY (all bolded items required)

First name: _____ **Last name:** _____

Title: _____

Organization: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Work phone: _____ **Cell (optional):** _____

Email address: _____

Years of experience: ___ 0-5 ___ 6-10 ___ 11 -15 ___ 15+

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

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 #2:
Full name _____
Title _____ **years exp** _____
Email _____

Attendee #3
Full name _____
Title _____ **years exp** _____
Email _____

Attendee #4:
Full name _____
Title _____ **years exp** _____
Email _____

Attendee #5
Full name _____
Title _____ **years exp** _____
Email _____

Attendee #6:
Full name _____
Title _____ **years exp** _____
Email _____

Attendee #7
Full name _____
Title _____ **years exp** _____
Email _____

		#attendees		
Individual AFP Member Early Bird Rate	\$175 each	x _____	=	\$ _____
After May 18, 2018	\$210 each	x _____	=	\$ _____
Individual Non-Member Early Bird Rate	\$210 each	x _____	=	\$ _____
After May 18, 2018	\$245 each	x _____	=	\$ _____
Group AFP Member Early Bird Rate	\$160 each	x _____	=	\$ _____
(Two or more people from same company, one must be AFP member)				
After May 18, 2018	\$195 each	x _____	=	\$ _____
Group Non-Member Early Bird Rate	\$195 each	x _____	=	\$ _____
(Two or more people from same company, no one is an AFP member)				
After May 18, 2018	\$230 each	x _____	=	\$ _____
			TOTAL	\$ _____

PAYMENT

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

Credit Card Number: _____ Expiration: _____ / _____ CVV _____

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 an administrative fee of \$25, will be made if written notice of cancellation is received no later than May 18, 2018. Registrants whose cancellation requests are received after May 18, 2018 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:
2018 AFP DFW Philanthropy in Action Conference
14070 Proton Rd, Suite 100
Dallas, TX 75244
phone 972.233.9107 x204 ♦ fax 972.490.4219
afpchapteroffice@afpdallas.org