

Use this form to register for upcoming public workshops.
Fax the completed form to 319-366-8586 or attach in an e-mail to info@advancementresources.org.

Please print or type:

Name: _____ Title: _____

Email Address: _____

Organization: _____

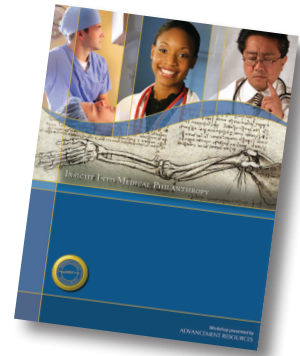
USPS/FedEx Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Insight Into Medical Philanthropy

Chicago, IL
Investment: \$395 per participant
December 10, 2010



How did you hear about this workshop?

Cancellation Policy: If unable to attend the workshop, you may arrange for a substitute. If you cancel your registration without a substitute more than thirty days before the workshop you will receive a refund minus a \$25 processing fee. Less than thirty days notice will incur a \$100 processing fee. We are unable to give a refund for registrants who cancel without notice. To receive your refund, or arrange for a substitute, please call 866.398.3376.

Payment Information:

Visa Mastercard

Send Invoice to: _____

OR

Card Number: _____ Exp: _____ VIN#: _____

Name on Card: _____

Check our website for an updated list of locations and dates: www.advancementresources.org