

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: _____

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Creating Breakthrough Performance in Healthcare Philanthropy

Chicago, IL
Hosted by: Children’s Memorial Hospital
Investment: \$650 per participant
March 30, 2012



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: Send Invoice to: _____
OR
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Name on Card: _____

When attaching a registration form to an e-mail, please do not include the credit card information. We will contact you for payment.

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