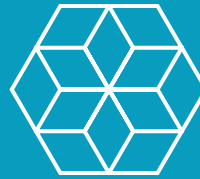


HR SUMMIT

SEPTEMBER 12-13, 2018 | DENVER, CO



REGISTRATION FORM

Instructions

Complete and return the registration form with preferred method of payment. If paying by:

- 1. Credit card**, send the completed form to our secure fax line: 866.914.8107.
- 2. Check**, mail the completed form with payment to:
Council on Foundations
PO Box 75674
Baltimore, MD 21275-5674

Registration Customer Service

Phone: 703.879.0645 | Email: registration@cof.org

Please note: Registrations are confirmed via email within 3-4 business days of receipt.

Summit Location

DANIELS FUND

101 Monroe Street, Denver, CO 80206

Accommodations

HALCYON HOTEL, CHERRY CREEK

245 Columbine Street, Denver, CO 80206

Discounted group rate: \$239 per night (taxes, fees, and on site parking not included). Rate expires August 21, 2018.

To make a reservation at the discounted rate, contact the hotel directly at 844.442.5296. Reference "Council on Foundations HR Summit".

Complimentary shuttle service provided to/from conference location(s).

PERSONAL INFORMATION

Full Name*

First Name/Nickname (for badge)*

Organization*

Title*

Mailing Address*

City/State/ZIP/Country*

Email*

Phone*

Mobile

Organization URL

*This information is required.



RATES

Member

On or before April 30, 2018

\$499

On or after May 1, 2018

\$549

Non-member

Eligible nonmembers may register beginning April 1, 2018

\$699

Optional light hike to Red Rocks Park and Amphitheatre
Wednesday, September 12 | 11:00 a.m. — 3:00 p.m.

Complimentary

SPECIAL NEEDS

Select all that apply:

Dietary

Diabetic

Food Allergy

Gluten-Free

Kosher

Non-Dairy

Vegan

Vegetarian

Other:

Accommodations

Visually Impaired: Digital materials needed

Wheelchair

A mobility assistant will accompany me

Service Animal Access

Animal Name

First & Last Name

Email

Phone

EMERGENCY CONTACT

Please identify someone we can reach in case of an emergency during this event.

Contact Name*

Relationship*

Phone Type*

Mobile

Home

Work

Phone number*

Comments

**This information is required.*

NO SOLICITATION: The Council on Foundations maintains a no-solicitation policy covering all of its conferences, meetings, webinars and other events. Violations of this policy will not be tolerated in any manner whatsoever. The policy can be read in its entirety on our website at cof.org.



REGISTRATION CANCELLATION

All 2018 HR Summit registration cancellations must be submitted in writing to registration@cof.org. All cancellation refunds prior to August 12, 2018 will incur a 25% administrative fee per registration. No refunds will be provided on or after August 12, 2018.

CONSENT AND WAIVER

I wish to receive information from exhibitors and sponsors*	Yes	No
I allow the Council to publish my name, title, and organization in the conference registrant directories available to registrants, sponsors, and online*	Yes	No

Disclaimer. By entering the event premises, you consent to interview(s), photography, audio recording, video recording and its/their release, publication, exhibition, or reproduction to be used for promotional purposes, advertising, inclusion on websites, social media, or any other purpose by the Council and its affiliates and representatives. Images, photos and/or videos may be used to highlight and/or promote similar Council events in the future. You release the Council, its officers and employees, and each and all persons involved from any liability connected with the taking, recording, digitizing, or publication and use of interviews, photographs, video and/or or sound recordings. You waive all rights you may have to any claims for payment or royalties in connection with any use, exhibition, streaming, or other publication of these materials.

REGISTRATION PAYMENT

Total Fees \$

I am paying by:

Check — Make payment payable to Council on Foundations and mail to Council on Foundations, PO Box 75764, Baltimore, MD 21275-5674.

Credit Card — Fax registration form with payment into to our secure fax line at 866.914.8107.

American Express

Visa

MasterCard

Please note: Registrations will not be processed without payment. Only credit card payments may be faxed.

I authorize the Council on Foundations to charge my credit card for the conference fees as indicated. If I have miscalculated the conference fees, I authorize the Council to make necessary adjustments and charge my card accordingly.

Name on Card*

Card Number*

Expiration Date*

Security Code*

Signature of Cardholder*

**This information is required.*

